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ORIGINAL DEPARTMENT.

LECTURE.

LECTURES ON INSANITY.

DELIVERED AT THE UNIVERSITY OF PENNSYLVANIA.

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Reported by WILLIAM H. MORRISON, M. D.

LECTURE XI.

DELUSIONAL CLAIMANTS—WILLS OF THE INSANE AND TESTAMENTARY CAPACITY—ECCENTRICITIES SHOWN IN WILLS—LUCID INTERVALS—SENILE DEMENTIA.

GENTLEMEN: It is of importance that physicians, called in to patients who are likely to die soon, should make an examination of their mental as well as of their physical condition. With reference to wills, it is of the utmost importance that physicians who are frequently called upon as witnesses, or who are present at the time or just before and after a will is witnessed, shall in a most careful manner assure themselves of the mental condition of the patient. This is a wise thing to do in any case, and especially if the individual is a man of property.

An interesting phase of the insanity question with reference to wills, is that which pertains to delusional claimants. A certain type of the delusional monomaniac is an individual who believes that he has been wrongfully deprived of an inheritance. He

is the man or woman in search of an inheritance. A number of such cases are to be found in every city. I know of several in Philadelphia. This is sometimes the only delusion in the particular case. A case was sent to the Norristown hospital by two physicians of this city. He remained there for a long time, and I was called upon, when consulting physician to the institution, to examine him in order to determine whether or not he should be discharged. He was also examined by Dr. T. G. Morton, of the Committee of Lunacy, and by the superintendent of the asylum. It was with the utmost difficulty that any legal evidence of insanity could be obtained. He talked as well as any one on ordinary matters, and he was upon his guard in reference to the few matters on which he was alleged to be insane. This man believed that some of his relatives had leagued together to deprive him of an inheritance. Evidence was brought to show that this idea was without foundation. In the case also were certain other interesting features which illustrate the curious way in which an insane mind will work. The delusion was in regard to this inheritance, and he wanted to get the advantage of those who he thought were depriving him of it. One thing which brought him into court and sent him to prison—for he was removed from a prison to the asylum—was to write most scurrilous and obscene letters to his own sisters, and to abuse them in other ways publicly. His idea was not to injure them directly by these letters and this public abuse, but it was to bring the matter of this inheritance of which he had been cheated to public notice, and thus make a great public scandal, and obtain what he deemed his just deserts.

The case came into court, through the Lunacy Committee, the superintendent and the assistant physician at the hospital, the two physicians that signed the certificate, Dr. Morton, myself, and others testified in the case, and the man was discharged by the judge, and I suppose is now at liberty. None of us were anxious to keep the man in the asylum. I simply testified that I believed him to be insane, and explained in detail the peculiar form of insanity; and stated that in all probability he might remain for months or years without giving trouble. The judge concluded that it was not proper to hold him any longer, and decided to give him a chance to enjoy his liberty as long as he behaved himself.

The office of the Register of Wills in this city is besieged sometimes by claimants of all sorts and kinds. In a former lecture, I spoke of the well-known case of Captain McCracken, a noted Delaware pilot, who believed that he was the heir to the estates of Jonathan Dickinson. Here is a Philadelphia newspaper account of a few of these delusional claimants. An old man with a fiery eye and a big red wig, marches up to the deputy's desk and requests that the \$5,000,000 left to him by a prominent man recently dead be turned over to him at once. The officers learn that it is not always wise to deny these cases at once, but better to practice a little diplomacy. The clerk looks over a book and tells the party that the estate is not yet settled, and that he should come again, and bring his counsel with him. Not long ago a determined-looking young man came into the office with a bridle on one arm and a rope on the other, demanding a mule and a cow which had been left to him by his uncle. Another came in with a club over his shoulder, stating that he was the representative of her Majesty the Queen of all Britain and Ireland, the Emperor William of Germany, and King Humbert of Italy, and demanded that an inheritance be given him. These are simply illustrations of the delusional character of many of the claimants for bequests. From these absurd and ridiculous cases to the class of cases represented by the man before referred to who believed that he had been deprived of an inheritance, there are illustrations of all grades and degrees of analogous delusions.

I will conclude the lecture with a few words about the question of wills of the insane and the testamentary capacity of the insane. Not every man who is a lunatic (even under the law) is deprived of the

right to make a will. A lunatic who has been certified to be insane, who has been declared by special legal process to be insane, and who has been an inmate of a lunatic asylum, has made a will disposing of his property, and this will has been upheld in court. That will show you at once that the mere fact of alleged lunacy or the existence of real lunacy will not in every instance enable a contest against a will to be successfully sustained.

Relatives are often unjustly deprived of their rights as a result of the peculiar mental condition of the individual at the time of making a will; and, on the other hand, those competent to dispose of their property, are unjustly alleged to have been insane.

The law is about this, that a person is regarded by the law as of a "sane and disposing mind if he knows the nature of the act he is performing and is fully aware of its consequences." These words are quoted from the law as found in text-books. This constitutes the phraseological rock upon which these questions are argued, but even this is capable of much discussion. A man may be aware of the nature of the act he is performing, and be aware of its consequences, yet he may be insane and do a very unjust act; but it is difficult to get a general principle to cover these important cases. It is like the old question of the plea of insanity in criminal cases, many arguing that we should make the knowledge of right and wrong on the part of the alleged lunatic the point about which the question of his responsibility should hinge. One thing must be borne in mind, that bodily disease, no matter what it may be, will not, under the law, incapacitate a man from making a will, unless it can be proved that the bodily disease has so affected his mind as to render him incapable of judging, or, in other words, has made him not of a disposing mind.

Various special phases of this question are of great interest. The question of delusions in insanity with reference to wills, is one of these. It has been affirmed by courts that the mere fact of the existence of a delusion, or the fact that the person was a delusional monomaniac, would not invalidate a will. It practically comes to this: that in order to gain a case in a contest of this kind it must be proved not only that the person was a delusional monomaniac, but that the delusion was of such a character as to interfere with his just judgment in making a will. In other words, a man may have hallucinations of hearing, or sight, or persecutory delusions of a marked character, and yet he may be

able to conduct his business in a proper manner. Evidence could be brought in such a case to show that the man had been a delusional lunatic with hallucinations of hearing and sight for, perhaps, twenty years; and testimony equally strong might be given to show that during those twenty years he had not made a bad business contract. In such a case the will would probably hold.

In a day or two a case about which I have been professionally consulted, is to be tried in a neighboring county. The man is a delusional lunatic. This is admitted on both sides, and it is even admitted that he has committed a criminal assault, although not of a serious nature, under the influence of his delusion. Some time ago he was in an asylum, and the question came up in reference to the propriety of discharging him. The physician in charge of the institution and myself gave a guarded certificate stating that at that time the man was, to all appearances in a condition in which he might be given his liberty without detriment to society. Since then the man has developed more marked symptoms of insanity. An inquisition has been held, and he has been declared to be insane. The guardians are in doubt as to what they should do—whether they should defend his liberty, or whether they should submit to the finding of the inquisition and allow him to be put in an asylum, or under interdiction. The point in connection with wills is that this man with marked delusions, who has committed a criminal assault, has been shown to have business capacity, and while it might be doubtful how the courts should decide in case a question as to the validity of his will were brought up they would be as likely to sustain it as not.

Mere eccentricities and peculiarities in wills do not invalidate them. Thus recently a maiden lady, fond of cats, left a large portion of her fortune for the establishment of an institution for the care and comfort of cats, and I do not know that the validity of of this will has been questioned. A well-known gentleman holding certain peculiar views with reference to spiritualistic phenomena, left a sum of money to this University for the investigation of this subject. It might be held that owing to these peculiar views the man was not in a mental condition to make a will, but the courts would probably not sustain such a contest. Another case is that of a man who believed in the old doctrine of the transmigration of souls. He left a will, which held certain parts of which were

supposed to be connected with this peculiar idea. Simple eccentricities or peculiar religious or other views are not sufficient to invalidate the testamentary capacity. Still, in not a few of such cases injustice has been done to somebody. An institution may get the money which should go to a deserving family.

One way in which the will of a lunatic is sometimes considered valid is on the old doctrine of lucid intervals. I was once asked in a lunacy trial by a dignified jurymen, "Doctor, what is the difference between lunacy and insanity?" Practically, we do not recognize any distinction between the terms lunacy and insanity nowadays, but there is an old distinction. A lunatic in the old legal sense of the term was one who was insane but had lucid intervals supposed to depend upon the changes of the moon. This question of lucid intervals is one which is often brought up in will cases, it being claimed that although the individual was insane yet he had a lucid interval. A man in this city had an attack of apoplexy in the morning. He was seen every three or four hours by different medical men during the twenty-four hours before he died. It was claimed that during this time he had made a will. As far as the medical witnesses had seen he had been comatose much of this time. It was said that he roused up and made a will, but the will was not signed. It was said that he did not sign the will because of the paralyzed condition of the hand. This, however, is an extreme case. In many cases, as in circular insanity, where you have melancholia, then a lucid or sub-lucid interval, and then mania, etc., a will made between the attacks would probably hold in law. This old question of lucid intervals is an interesting one for discussion, and it is one on which contests are often based or resisted.

Senile dementia is another condition on which a contest of a will is often based. Some most interesting cases are of this kind. One recent case is that of a man in West Virginia, in which a number of those connected with the University have given testimony. This man conveyed his property to certain of his relatives before his death, and thus deprived some of his children of their inheritance. It is shown by a hypothetical question, which has been answered by physicians, that he was not in a state of mind to decide justly, because of senile dementia. Senile dementia is something more than the normal deterioration of the aged. It is a peculiar disease with special symptoms.

COMMUNICATIONS.

PERIODICAL HYPERÆSTHETIC RHINITIS.*

BY JOS. BLOOM, PH. G., M. D.,
Of Baltimore, Md.

Already aware of the innumerable papers and pamphlets written and circulated, bearing upon this subject, I undertake from personal experience to make some practical remarks upon the same, feeling myself, to my sorrow, peculiarly well fitted to deal with the subject of my paper in a comprehensive and practical manner to which I invite your attention.

Having been a victim of this unwelcome annual visitor for the past twelve years, and having three friends similarly affected, I manifested deep interest in this disease long before I adopted the profession in which I am now engaged.

Previous to that time I dealt with it in a practical manner; now I deal with it in a somewhat theoretical manner, but the ultimate results from either treatment have not been as pleasing as could be desired. I can give no better or more comprehensive definition than that of Dr. Geddings, of N. H., in his article upon hay asthma, contributed to the recent excellent work of Dr. Pepper, which reads as follows: "Hay asthma is a form of catarrh appearing in the spring, early summer, or autumn, attacking persons predisposed every year at the same time, the patient being at other times free from the disease; characterized by symptoms resembling those of influenza; the chief of which are sneezing, redness, swelling, and increased secretion of the conjunctivæ, and the mucous membrane of the entire respiratory apparatus from the nose down to the minutest bronchi, frequently culminating in more or less severe attacks of asthma."

The interest recently manifested by the profession in the disease, is, no doubt, due to the increasing number of victims annually appealing to the practitioner for relief or possible cure. Not many years ago the practitioner diagnosed and treated the disease as a common cold or coryza, and I regret to say, with almost as much success as hay fever up to quite a recent date was treated. I remember that when in 1880 I confronted my medical adviser, one, too, of high standing, and stated I would like to be cured of hay fever, he replied: "My dear boy, if I could cure hay fever I would be a millionaire in a comparatively short time." Upon

this reply, I, like all ambitious youths, eager to make lots of money in the shortest period of time, set to work experimenting with drugs and chemicals, without knowing the pathology of the disease; but, like my learned medical adviser, I found that the cure of hay fever would never reap me a fortune. From statistics which I have borrowed from the work of Merrill Wyman, the then prevalent idea that it was a disease of the cultured and educated members of society, seems somewhat plausible, from the fact that their temperament is more nervous than that of the multitudes engaged in manual labor.

Previous to 1860, the fact that the disease was unknown in Germany, where it is now known as "Hen Schnupfen," is substantiated by the honest confession of Phœbus, when confronted by a colleague suffering with the disease, that he was not acquainted with the disease, neither was its name familiar to him.

Of late hay fever has become as familiar and popular among the fashionable and intelligent classes as malaria and Bright's disease among the laboring classes. I will not enter into detail as to its etiology, nor touch upon the pathology at all, but to those interested I could commend no better work than the recently published one of Dr. Charles Sajous, of Philadelphia, or Merrill Wyman's, a sufferer like myself.

As to the cause of this disease, I am, and always have been at a loss, and from the literature I have read upon the subject, my conclusion is that all authors are at a loss as to the definite cause of this torturing malady. One will favor the "Pollen theory," and among the advocates of this theory are such learned authorities as Morrell Mackenzie, Moore, and Blackley; others are advocates of the "Thermic theory;" others advance the neurotic theory, and this I deem a true one, to the extent that a neurosis predisposes to the disease. This theory was advocated by Dr. John N. Mackenzie, of this city, and published in the year 1884 in the *N. Y. Medical Record*. Another advocates the individual peculiarity of the sufferer.

In its heredity I have no faith, unless the attack is accompanied or complicated by asthmatic symptoms, and I am strengthened in this opinion from the fact of having ten cases under my observation, in only three of which cases could the disease be traced back to the ancestors, and all three of the cases gave evidence of asthma.

Being exposed to the same causes of this disease as multitudes of others are, it most

* Read before the Clinical Society of Maryland.

assuredly must be some peculiarity in the person so affected, but up to the present such peculiarity has not been discovered.

I remember some years ago encountering in my flights to the mountain tops a negro afflicted with hay fever, a curiosity from the fact of not hearing or reading of another case among the African race. The disease is more common among males than females, and affects primarily those between the ages of fifteen years and forty years. From Wyman's statistics I note the fact that among ten professions the physician and medical teacher takes the precedence of all others in the percentage of victims of hay fever.

That the pollen is a cause, I almost hesitate to differ with such high and learned authorities as Blackley and Morrell Mackenzie, but that it is the excitant of an aggravated attack I submit, as a case now in my recollection, some years ago under my observation will illustrate: A lady whose husband is engaged in the grain business, and has a store-house well stocked with hay, straw, and oats, has her symptoms aggravated by his presence, or the removal of his clothing in her bedroom before retiring.

A peculiarity of the disease is the regularity of its invasion and recurrence. In the aforesaid case and my own the attacks recur annually on the 19th of August.

With those who hold that heat is the cause, I also disagree; but like the pollen it most undoubtedly aggravates the attack. The rays of the sun, or of artificial light falling into the room or upon the face of the victim will aggravate the attack. The electric light is innocent as compared to candle or gas light. My experience, like many others, has been such that a cloudy or rainy day is far more welcome to the sufferer than the sun in all his brilliancy, the symptoms being less in severity on such days. Having spent five years in the pharmaceutical laboratories of Messrs. Sharp and Dohme, of this city, where I manipulated and compounded many drugs and chemicals, my attacks were so severe at times that I was compelled to withdraw from the establishment for an hour or two. I noticed this especially in handling ipecac, quassia, senega, guaiac, or preparing the green or red iodide of mercury, a fact which would somewhat substantiate the pollen theory.

The first intimation that my foe is confronting me is a paroxysm of sneezing, malaise, and languor, soon followed by the army of symptoms, such as a tickling sensation in the fauces, nostrils, a roaring sensation in the ears. In the region of the fron-

tal sinuses there is a sense of fulness shortly after these initiatory symptoms; the secretions from the eyes and nose become excessive and slightly acrid, constantly trickling down the face, causing excoriations of the adjacent parts.

The victim whilst suffering will seek solitude, avoiding his friends, and if possible his family. I have at times been melancholic, refusing to dine at the family table, and secondly from loss of appetite, which leaves me in a relaxed and depressed state after the siege has been fought.

As to locations exempt from the disease, my knowledge from experience is very limited, having only visited the mountains of our own and adjacent states.

I visited Deer Park and Oakland situated in the extreme west of this state, in Garrett county, at an elevation of 2,500 feet, and a temperature of 50° F., but my attacks were quite as severe, perhaps more so, when I reached the resorts, necessitating my return home before the week had ended. I also visited the Blue Mountain House, situated half a mile from the popular summer excursion resort, Pen-Mar, with a similar effect. The next place to which I took flight was at the request of my former kind and sympathizing preceptor, Mr. A. P. Sharp, to his country seat at Rock Hall, Kent county, situated about ten miles from Tolchester Beach, and about twenty-five miles from Chestertown. At this place I enjoyed comparative ease, as my symptoms were not so severe, which I attribute to the moisture emanating from the soil so adjacent to Rock Hall Creek, a tributary to the Chesapeake Bay. Since my last visit to this place, Mr. Sharp has made the observation that the atmosphere from Tolchester Beach on the bay shore, to the north of Chester river, is well charged with ozone. He also informs me that the physicians of Kent county are not acquainted with hay fever, and have encountered very few cases of neurotic asthma or phthisis.

Last year I took a trip to Europe, and on my return sailed from Bremen on 13th of August for America; although, as I have previously stated, my attacks regularly began on the 19th, on this occasion I experienced not the slightest symptom of hay fever until the 27th of August, when Sandy Hook was in sight, and then the disease attacked me in all its severity. This was sufficiently conclusive that the ocean did and does effect complete exemption, and I would advise such a voyage to those suffering, and finding such a voyage convenient.

As the greater number of my hearers are like myself engaged in the general practice of medicine, and do not possess the galvanocautery, or other surgical appliances, neither have we acquired the skill and dexterity in manipulation of the rhinoscope and cautery, etc., as the specialist in the use of the same, I will therefore limit my remarks to the medical and hygienic treatment of the disease, which will undoubtedly confront us during the approaching months of June, July, and August.

For convenience, I will classify the treatment into local and general. The following receipts I have compounded and used whilst engaged in pharmacy:

R. I. Quin. sulphas, 3j.
Morphiæ sulphas, gr. j.

M. Use as a snuff.

I have also used this in solution.

R. II. Bismuth. subnitras, 3ij.
Pulv. acacia, 3j.
Morph. sulphas, grs. iv.

Sig.—Use as a snuff.

This was more satisfactory than R. I.

R. Iodine resublimated, 3j.

In a bottle filled with absorbent cotton and the vapor inhaled.

The good effect was only momentary.

During the remaining four weeks of my attack in 1885, I used a four per cent. cocaine nasal suppository, and a four per cent. oleate of cocaine dropped into the nasal cavity with a pipette, whilst in the recumbent position. The cocaine constricting the turgescent blood vessels, and shriveling the mucous membrane, thereby obtruding the sensibility of the hyperæsthetic nerve fibrilla situated in that organ. As a collyrium I have used the following:

R. Boric acid, 3j.
Aque rosæ, 3j.
R. Sodii biborat., 3j.
Spts. vin. gallici, 3ss.
Aqua camphor., 3j.
Aqua puræ, 3j.

A few drops into each eye t. d.

An infusion of green tea applied externally with a piece of lint had a soothing influence, no doubt due to the effect similar in its analogue, erythroxyllon coca.

Before retiring apply oleate of zinc ointment to the margins of the eyelids to prevent their adhesion in the morning, and if such adhesion should occur I use a lukewarm solution of bicarbonate of soda to the eyes.

As to the naso-pharyngeal and ophthalmic symptoms, internal medication has proved unavailing, but in cases accompanied or complicated by asthmatic symptoms, internal

medication is highly essential, and for this purpose I can commend the following:

Morphia or codeia heads the list, but its administration should not be left to the patient's indiscriminate use. Bromide of potash or soda, valerianate of zinc or ammonia, Fowler's solution, fluid extract coca, or fluid extract grindelia robusta.

R. Stramonium leaves, 3j.
Belladonna leaves, 3j.
Lobelia leaves, 3j.
Anise seed, 3j.
Tobacco leaves, 3ss.

These to be mixed and powdered, then saturated with 3ij of potass. nitras. in solution, then dried, and a teaspoonful ignited, and inhale the smoke before retiring.

As an alterative I have used:

R. Potass. iodid., 3ij.
Tr. rhei, 3ss.
Tr. cinchona comp., 3iiss.

M. Sig.—3j t. d.

This was also the tonic used by me.

In regard to hygienic treatment I have little to say. It is customary with me to take a cold bath every morning during the season, using the friction brush and Turkish towel quite vigorously; an unpleasant ordeal I confess, but an invigorating one, giving me an appetite for a light but nutritious breakfast, consisting of milk, soft-boiled eggs, and Vienna rolls or Graham bread.

My suppers are extremely light, owing to the insomnia and restlessness produced by an overburdened stomach.

During the entire season I use the London smoke glasses, which protect my eyes from the rays of the sun, also particles of dust floating in the atmosphere.

AS TO OUR LENGTH OF LIFE.

BY THOS. S. SOZINSKEY, M. D., PH. D.,
Of Philadelphia.

One meets frequently in the course of his general reading, and even in scientific publications, declarations to the effect that of late the length of human life, as well as the vital stamina of the race, has markedly increased. Some assert that the average age has been run up ten, fifteen, even twenty years, but a doctor of hygiene puts the case moderately thus: "The average duration of human life has increased, and all the evidence, I think, is in favor of the view that we are a better stock or race than we were a few years ago." "A few years" are sufficient to work material changes in the "stock or race!" Let the disciples of Darwin take notice.

The asserted increase in the length of life and vital force is attributed to more hygienic living, due in great part to the growth and diffusion of sanitary knowledge, which is said, of course, by the enthusiastic doctor of hygiene, to be a span-new science. Our forefathers were an ill-conditioned and ignorant set—they did not know anything about right-living. Shades of Hippocrates and other great lights of the past, take no offence at modern presumption!

Macauley spoke with great force, as was his wont, of the improved condition of the English people in his day. "The term of human life," said he, "has been lengthened over the whole kingdom, and especially in the towns;" but it is nearly forty years since the historian wrote, and, of course, the hygiene of forty years ago, according to the modern doctor, being of little account in comparison with what it is to-day, there must have been considerable addition since to "the term of human life," for be it known that an increase of "the term of human life" goes *pari passu* with the modern "strides" in sanitary science. The day dawns, to be sure, in which men will live as long as the antediluvians!

Such statements are apt to be very agreeable to *amour propre*, but are they really true? Is the vital condition of the race improving?

The volume of the United States Census Reports of 1880, which has been issued recently, furnishes an interesting mass of plain, unvarnished facts bearing on the subject in question. During the census year it appears that of a hundred deaths reported forty were of persons under five years of age, fifty-two were of persons under twenty, and only twenty-two were of persons over fifty. Only about ten per cent. survive their three score years and ten. Twenty-four per cent., or nearly a quarter of the deaths are of persons between twenty and fifty years. Here is the table in detail:

Age.	Deaths in 100.
Under 1	23.24.
1 to 5	16.90.
5 to 10	5.71.
10 to 15	3.04.
15 to 20	3.89.
20 to 30	9.61.
30 to 40	7.60.
40 to 50	6.49.
50 to 60	6.23.
60 to 70	6.88.
70 to 80	6.38.
80 to 90	3.28.
90 to 9543.
95 to 10026.
Unknown42.

These astounding figures represent the mortality according to age, as already intimated, for the entire United States. For the thirty-one cities in which the deaths were registered during the census year the showing is far worse. "Under five years of age the proportion of deaths (reported) in the country at large was forty-three and seven-tenths per thousand of living population, while in the registration cities it was eighty-eight and four-tenths per thousand. In other words, the mortality of children under five years of age * * * was about twice as great in the cities as in the average of the whole country." So it is said in the Census Report. Of course, if a far greater proportion of the deaths in the whole country of persons under five years than of those older were not reported, which was certainly the case, the percentages given in the table of deaths of those dying at different ages of over five years, are much greater than they really ought to appear; for *il va sans dire* that the greater the number of deaths of very young people the lower is the average age at death. Even as the table stands, the average age is not far up in the twenties.

In France forty-eight per cent. of the deaths are of persons over fifty years of age; and what is more remarkable, twenty-five per cent. are of persons over seventy-years of age. The French present the best showing, except, perhaps, the Irish, of any nation as regards long life. Only about twenty-six per cent. of their deaths are of children under five years. About six per cent. only are of persons from five to twenty years.

For the purpose of comparison, the following table of the percentages of mortality at different ages in England and Wales in 1880 may be given:

Age.	Deaths in 100.
Under 1	25.48
1 to 5	16.98
5 to 10	3.66
10 to 15	1.73
15 to 20	2.23
20 to 25	2.61
25 to 35	5.51
35 to 45	6.36
45 to 55	6.88
55 to 65	8.75
65 to 75	10.06
75 to 85	7.66
85 and over	2.09

According to this table the deaths of persons from five to twenty years of age were less than eight per cent. of the whole; while in the United States they were over twelve. The deaths of persons from twenty to fifty-

five years of age were twenty-one per cent. of the whole; while in the United States the deaths of persons from twenty to fifty were more—twenty-four per cent. The deaths of persons over seventy-five years of age were about equal to the deaths of persons over seventy in the United States.

As serving to show how much other things than the advancement of practical hygiene have to do with the length of human life, the following table of the percentages of deaths at different ages in Ireland in 1880, is highly interesting:

Age.	Deaths in 100.
Under 1	13.98
1 to 5	11.60
5 to 10	4.00
10 to 15	2.53
15 to 20	3.41
20 to 25	3.85
25 to 35	5.62
35 to 45	5.78
45 to 55	6.54
55 to 65	10.77
65 to 75	14.05
75 to 85	13.30
85 to 95	3.72
95 and over80
Unknown05

Let the modern doctor of hygiene look critically at these figures. No nation of Europe is supposed to be more oblivious of sanitary science than the Irish, and yet a far greater percentage of the people of Ireland than of any other people, except the French, live to and beyond the age of seventy years. Nearly five in a hundred of the deaths are of persons over eighty-five years of age! Only about thirty-five per cent. of the deaths are of persons under twenty years of age. About forty-two per cent. of the deaths are of persons over fifty-five years. One-half almost of the deaths are of persons over forty-five years. In England and Wales, only thirty-three per cent. of the deaths are of persons over forty-five years, while in the United States only thirty per cent. are of persons over forty years of age.

Let the boastful doctor of hygiene say what he will, the vital condition of the people of neither England nor the United States is satisfactory; it is lamentably unsatisfactory. I know of no sound evidence pointing the other way. Appealing to the experience of life insurance companies does not meet the case at all, for the simple reason that the very young, the frail and the diseased, are very carefully excluded from regular insurance. Then, if the physical condition of the people of Ireland, a people poor and comparatively ignorant of sanitary science, is immensely superior to that of either, there

must be influences at play in both England and the United States which much more than counterbalance all the beneficial effects of the sanitary science in practice in either country. Climate has something to do in the case, but the mode of living of the people far more. There is only too much reason for the belief that the very artificial mode of existence general in civilized countries is harmful. In other words, the less natural one's mode of living is, the more likely is his vital powers to become impaired. The multiplied appliances and complex ways of highly civilized life do not make for health and long life. The comparatively uncivilized do not suffer much from disease, or at least non-contagious disease, and their offspring are not doomed to die in great part in their infancy. The simple habits of those who live close to nature are most favorable to real human welfare. To live close to nature, which in general means in accord with nature—that is, the cardinal axiom which the doctor of hygiene would do well to specially inculcate. To this I may add, by way of conclusion, that Mephistopheles, who unlike the modern doctor of hygiene, was wont to say "*allwissend bin ich nicht*," gave Faust passing wise advice as to how to preserve his youthful health and vigor:

"Betake thyself to yonder field;
There hoe and dig as thy condition;
Restrain thyself, thy sense and will
Within a narrow sphere to flourish;
With unmixed food thy body nourish;
Live with the ox as ox, and think it not a theft
That thou manur'st the acre which thou reap-
est;
That, trust me, is the best mode left
Whereby for eighty years thy youth thou
keepest."

THE ABSTRACTION OF BLOOD IN THREATENED APOPLEXY.

BY ENOS T. BLACKWELL, M. D.,

Of Cedarville, N. J.

The rebound that followed the excessive use of the lancet by our fathers, caused this remedial measure to fall into unmerited neglect. So fierce was the outcry against it that many physicians preferred to drop it from the list of curative means rather than to incur the opposition almost sure to be encountered, and the difficulties of enforcing its use. Hence, arose a timid and temporizing policy which interfered with its use at the proper time, and made its success dubious or not demonstratively successful. Here and there, it is true, might be found a prac-

itioner bold enough and sufficiently independent to employ any remedy that in his experience or in that of others had been attended with success. It has been the habit of the writer to bleed, in special cases, when requested to do so, to relieve ill feelings in the head of a person somewhat advanced in life, although the pulse was small and feeble, and the result was always satisfactory.

The following case, illustrating successful treatment in cerebral hyperæmia, threatening apoplexy, is deemed of sufficient importance to place before the profession.

On December 4, 1881, I saw Mrs. Phœbe H., aged 74 years, a farmer's wife, living in Warren county, this State, who gave the following history: She had always had good health till within a few years, when her mind and body had been taxed to its utmost in caring for a son whose health, mental and physical, had been wrecked by excessive study. She commenced to be dizzy in the summer of 1879, when she came near falling from this cause. She was also very sick at the stomach. In the spring of 1880, she fell while going up-stairs. She fell again the succeeding summer; her changed relation to objects about her leading her to believe that the furniture was toppling. She had many dizzy spells when she did not fall. In July, the year following, she would have fallen but for timely support. The dizziness was generally followed by sickness of stomach and excruciating pains in the loins for a short time. The attacks occurred frequently, and she would have all she could do to keep from falling. A month previous to my visit, she had pain over the right eyebrow, coming and going, and passing down the right side of the nose. She also had aching in the right eyeball. There was double vision in this eye, and objects appeared misplaced. She put a bandage over the affected organ, and the upper eyelid became paralyzed. She could discern objects by raising the lid with the fingers; but sometimes they appeared as if viewed through a veil. Her mind was wearied. The double vision lasted for one day only. The symptoms were present, in varying degree, until the time of my visit, objects appearing strange and distorted, and she was in constant danger of falling. Deeming that there was undue blood pressure upon the brain and nerves of special sense, and that there was imminent danger of apoplexy, I abstracted a pint of blood from the right arm, and prescribed potass. iodide 5 grains three times a day. The treatment gave some immediate relief, and, on the following morning some muscular

power was manifest in the affected eyelid. December 13 she was to take a half-teaspoonful of fluid extract of ergot three times a day, with pil. hydrarg. every third evening.

I know not that any other treatment was used. All the evil symptoms disappeared, and her health was perfectly restored. There was no relapse until the latter part of February, or the beginning of March last, a period of over four years. She then had an uncomfortable feeling in the head, perhaps it might be termed a pain, which was constant. She was unsteady in her movements, and was confined mostly to her chair. She was now over 78 years of age; and the tottering gait gave an appearance of feebleness. The pulse was medium as to fulness and force. The gentleman who attended her could perceive no benefit from remedies skillfully employed; but was unwilling to let blood on his own responsibility, in the conditions named. I saw her on Saturday, March 13, meeting her medical attendant on the day following. Scanning the conditions carefully, and bearing in mind the positive success of the former bleeding, I unhesitatingly gave my voice for this measure, and one pint of blood was accordingly abstracted. The arm, when bared, was dry, withered, and flabby; nevertheless, a vein was easily opened, and the blood flowed freely and copiously. There was no flagging in the stream, when the amount was reached that was deemed proper to be taken; nor was there any faintness perceptible. There was an immediate change for the better, and my professional friend was enthusiastic in praise of the success of the measure, as were also the friends of the patient. The amendment was steady and assured, the patient at this time being in her ordinary good health.

MEDICAL SOCIETIES.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Thursday, May 6, 1886. The President, B. F. Baer, M. D., in the chair.

Asepsis not Antisepsis. A Plea for Principles, not Paraphernalia in Laparotomy.

By Howard A. Kelly, M. D.

Medicine, like other branches of science, has been most retarded in its growth by the accumulation of all sorts of useless details. Some of these incrustations still clog the advance of abdominal surgery and will be given up with a notable diminution in the

general percentage of mortality. I refer to the use of carbolic acid and mercuric solutions at the operating table and to the continued use of any elaborate abdominal dressing.

The use of antiseptics in the patient's belly is full of danger and inconsistencies for the following reasons:

Firstly. If used in strength sufficient to certainly prevent sepsis, the patient is very often killed along with the germs. I have myself seen death from carbolic acid poisoning. *The American Practitioner*, November, 1881, p. 260, quoted by Dr. Goodell: "The first four cases done in the theatre at the beginning of last session had hemorrhage from the kidneys, and two of them died. I never had anything like that before. It was purely carbolic acid poisoning, of that I have no doubt whatever." Thos. Keith speaks of several cases in his own practice, and references might be indefinitely multiplied. Regarding the use of the bichloride solution, it is sufficient to say that its use has been very much curtailed in all maternity hospitals even as a vaginal wash. The danger line is here a very broad one for the limit appears only to depend upon the most variable of all factors, the individual susceptibility.

Secondly. It is the great tendency of all operators, and in particular their assistants, to forget the principle involved, and pin their faith to the accidental means of establishing it. This can be seen abundantly illustrated in almost any hospital in the land, where a clean napkin worked in, and around the joints and grooves of the instruments in use, or carried under the nails of the operator's fingers, will exhibit sad evidences of soil. Then, too, the actual conduct of the operator is often modified by the false sense of security begotten by the incomplete use of antiseptics. I saw this well illustrated by a surgeon of more than local repute. The case was a herniotomy in which a large femoral sac was opened. The spray was throwing out a dense cloud, instruments and sponges were immersed in a two per cent. solution of carbolic acid and elaborate dressings were ready. A coil of intestine protruded from the wound for several inches, and it lay, first on the old hospital blanket below and then, in the effort to reach the ring, was turned upon the nightgown above. The antiseptics was here made a farce by these and other glaring inconsistencies.

If germicides must be used at all, let it be before the operation and in strength sufficient to neutralize any sepsis about instru-

ments, sponges, etc. Then let the operator go to work with clean instruments, clean sponges, and clean hands, and he will need no antiseptic, and the patient's belly will no longer be a battle-field where germs and solutions fight often with such direful results to the host. It is my belief that it will not be long before the day of solutions will be past; and that in the future the successful surgeon will go to his work with pure water or dry pans for his instruments and fluid enough to cleanse sponges. My own practice has been to use hydrant water boiled for an hour and allowed to stand; or, better still, distilled water, as used by Professor Schroeder, and independently suggested and used by my friend, Dr. Jos. Price. I do not believe that reservoir water, dirty as it often is, ever contains any of the specific matter productive of septicæmia; but the process of boiling and using only the supernatant liquid makes it perfectly harmless.

Another fallacy discarded by some of the greatest operators, but perpetuated by many, is the transference of the use of the elaborate Listerian dressings of general surgery to the abdominal wound. These dressings so manifold and multiform, are clearly intended to prevent sepsis from penetrating the now closed abdominal wound. This is an accident which fortunately never occurs in the intraperitoneal method. The rapid agglutination of peritoneal surfaces effectively closing the sac. A sterile dry powder will absorb the slight serous discharge at the edge of the wound and suture exits, and above this some absorbent cotton and a firm bandage is all that is required.

While the danger of infection of the peritoneum through the closed wound is minimal, that of an infection of the belly wall through stitch holes is very great, and this is best prevented by the dressing recommended by Keith of carbolic acid and glycerine, one to eight parts.

With the mind thus freed from the notion that these solutions and dressings are accomplishing anything—from two such dangerous fallacies—operators at large will then work with a living consciousness of the real conditions of success, and they will then be on the alert from the beginning of the operation to its close, keeping within the mental horizon an exact knowledge of everything coming into contact with the patient's belly.

The expression of my convictions and practice will be of value in so far as they are in accord with the following letters upon the subject by the two greatest abdominal surgeons in the world, Lawson Tait and Thomas

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Keith. Lawson Tait, in a letter dated March 15, 1886, to the writer, says, "I still use tap water and nothing else; it is never boiled; my instruments are prepared by being washed in soap and water merely. I use no elaborate dressings for the wound, never using anything at all except absorbent cotton wool.

"Yours very truly,

"LAWSON TAIT."

From a communication from Thomas Keith, of Edinburgh, written March 16, 1886, I make the following extract: "The secret in abdominal surgery, the secret in all surgery, consists in carrying out the antiseptic principle. You may do this in a simple way, or you may do it in a complicated way. All instruments, needles, forceps, sponges, etc., everything about the wound must be disinfected. A weak carbolic solution applied to the wound can do no good—nor harm. You may safely use hot water. My instruments, after an operation, are scrubbed with a nail-brush, especially the forceps points. This is repeated before the next operation with a 5 per cent. solution of carbolic acid. The greatest risk is that we put in septic matter on our hands, instruments, and sponges. Sepsis may come from the wound, but it rarely ever penetrates inside. I use a simple dressing of gauze, eight or ten folds soaked in one to eight carbolic acid and glycerine, extending two or three inches or so beyond the line of incision on all sides. Over this some ordinary cotton wool, a flannel bandage, and nothing else. Use this and you will never use anything else; and don't look at it for a week or ten days. You ought, for the patient's comfort, to put on an antiseptic dressing of some kind. You will probably often have suppuration with stitches if you do not. "Yours sincerely,

"THOMAS KEITH."

Dr. Montgomery feels great interest in Dr. Kelly's remarks, reinforced as they are by the letters from Tait and Keith. The antiseptic method of treatment has done a great work for surgery, and the successive steps of Listerism and cleanliness have brought it up to the comparative certainty of result now attainable. We can now eliminate almost entirely the antiseptic agents, carbolic acid, mercuric chloride, thymol, etc., and can do as well by the most rigid attention to cleanliness in all details of hands, instruments, sponges, and the skin of the patient. Some years ago he felt gratified that, in a patient upon whom he operated before a class at the Philadelphia Hospital with Listerism and the carbolic spray, the temperature did not rise above 102°. Now in his

private hospital, with rigid attention to cleanliness and thorough washing of the peritoneal cavity with hot water, the highest temperature will be below 100°. After operations involving the opening of the peritoneal cavity, if there has been any opportunity for the escape into it of blood, pus, or cyst contents, he washes it out thoroughly with hot water. After closing the wound, he covers it with sublimated gauze and absorbent cotton, and secures this with strips of plaster and a bandage. This dressing remains a week without need of disturbance. If gut suture or silk rendered aseptic by a coating of wax with carbolic or salicylic acid be used, there will be no trouble about suture abscesses. In a recent case, in which the abdominal walls were two inches thick from adipose deposits, these precautions were observed and there was not the slightest suture trouble. He does not now consider the spray of any value, because we cannot use carbolic acid solutions strong enough to certainly destroy germs without poisoning the patient, and the spray only washes the germs down into the wound.

Dr. Charles Hermon Thomas remarked that the experiments of Dr. Sternberg, of Johns Hopkins College, a careful and conscientious observer, developed the fact that some of the antiseptic solutions in common use, three per cent. carbolic acid for instance, actually stimulated the growth of bacteria. Perfect cleanliness is the essential point, the foundation of surgical success. He has seen Dr. Kelly operate without disinfectants, his instruments being placed in a dry pan, and his results prove the truth of the assertions he has made this evening.

Dr. M. Price has experienced great difficulty in his attempts to secure absolute cleanliness. He has seen half a dozen unclean hands introduced into a peritoneal cavity during operation, simply from curiosity; sponges picked up from the floor, napkins from a dusty window-sill, instruments from a soiled blanket, and each used on peritoneal or absorbent surfaces; sponges that have been filled with pus used again in the peritoneal cavity, and, in general, extreme thoughtlessness in the little details of cleanliness that compelled the full power of antiseptics to bring good results. He has had good results in pyo-salpinx, even when purulent cysts have burst in the abdominal cavity, but he allows only the operator's hands to enter that cavity and practices the most thorough washing out with clean water. He has been burned by simply holding a carbolized ligature in his mouth for a few minutes,

and feels sure that the retention of a number of such ligatures in the abdomen would be quite likely to give rise to trouble.

Dr. Chas. Meigs Wilson said cleanliness by whatever means obtained is the great element of success in abdominal surgery. As absolute cleanliness can best be obtained by the use of agents possessing germicidal and anti-putrifactive properties, in the preparation of the atmosphere, the operator's person, the instruments, sponges, and dressings, it seems to be the part of wisdom to employ such agents up to the time of and even during the operation. With a perfectly clean room and furniture, clean air, clean instruments, and clean hands, possibly no antiseptic agent would be needed. But unfortunately such conditions do not universally or generally exist, and to attain them we must resort to the use of some efficient antiseptic. Care should be taken to employ some agent which is efficient and at the same time non-poisonous. In English and Continental hospitals where excessive antiseptic precautions are employed, the success attained compared with the previous mortality rate proves unquestionably the great value of such precautions. The united testimony of experienced American operators as to the value of antiseptic precautions should not be set aside. I believe that all instruments should be submitted to the purifying influence of dry or moist heat. That the towels, sponges, and dressings should be left for twenty-four hours in a boiling-hot solution of mercuric chloride 1 to 200 and that the silkworm gut or fine wire sutures and ligatures should be kept in a very weak solution of carbolyzed oil. To my mind the terms antiseptic and aseptic are synonymous. My own experience has taught me that the best and least dangerous antiseptic agents are those which possess rather an anti-putrifactive power, i. e., those which prevent or retard putrifactive changes, rather, than the more dangerous class of agents which possess decided germicidal powers.

Dr. Parish. Antiseptics are not intended to take the place of cleanliness. The greater the care bestowed on cleanliness in all details, the less will be the need for antiseptics. Boiled water, filtered, is a good washing material; patient's hands and instruments must be clean to insure good results. Absorbent lint wet at time of using with a 1 to 2000 mercuric chloride solution is a good external dressing. Dr. Parish agreed with most of Dr. Kelly's statements, but he believes in the value of antiseptic vaginal injections after labor in hospitals. The maternity wards of

the Philadelphia Hospital showed a large number of deaths, ranging from three to ten per cent. for many years prior to 1885; but last year in two hundred and forty-seven cases of labor there were but two deaths. One of these was after Caesarian section in a patient who had been in labor nearly three days before she was brought in to the hospital. The other fatal case was in an idiot, and was largely from other causes than the labor which was not at fault. These good results are due to the use of mercuric chloride injections principally although we have now new wards and opportunity for frequent change of nurses when advisable. In a case of septicæmia following adherent placenta, the patient seemed almost moribund, but hot uterine injections of mercuric chloride, 1 to 4000, stimulated her and led to recovery. Water is boiled to destroy possible germs and filtered to get rid of various impurities not held in solution.

Dr. M. Price thought the heat of the injection used by Dr. Parish was the most important element in stimulating the patient, but the mercuric chloride would do no harm, and the fact that improvement commenced and continued from that time is the important point. The reaction against the use of antiseptics should not be allowed to go too far. They have done great good, and can not be discarded.

Dr. Longaker agrees with Dr. Parish, and regrets to hear any disparagement of antiseptics. No reputable maternity can be conducted without them. Dr. Lusk considers that the poor woman delivered in the hospital with the protection of antiseptics is safer than the rich woman in her home with every other safeguard but without them.

Dr. Soper, formerly of the Rotunda, Dublin, upon invitation from the president, remarked that this was a very mixed question. That neither cleanliness nor antiseptics could be dispensed with. He has seen cases do well under all conditions without antiseptic precautions, and if the solutions are dangerous we must be cautious in their use. He believes thoroughly in cleanliness, and would use antiseptics when he thought them needed. It does not do to run into extremes.

Dr. Kelly replied, in closing the discussion that he was both surprised and gratified that so many members of the Society had expressed their approval of this paper. In two or three instances, however, he had been grievously misunderstood. He believes it to be the great glory and the crowning triumph of *antiseptics* to have discovered *asepsis*. He had nothing whatever in common with

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those surgeons who claim that antiseptics have done nothing. The peritoneum is a vast, exquisitely sensitive "culture" sac. In the old time chance decided whether the uncleaned hand of the surgeon carried in suitable germs to multiply in the medium, and the chances were greatly against the patient. Now the use of antiseptics accidentally involves rinsings and cleansings, which make the surgeon a clean man in spite of himself, and the patient generally escapes. In a more advanced position, and the one in which the surgeon is living up to a principle, the utmost precautions are taken by a preliminary use of antiseptics in sufficient strength, and he goes to his operation needing no germicides.

Let the battle-field be without the patient's belly, and the germicides will there be sure of a victory every time. Statistics from foreign maternities as quoted, instead of proving against, are one of the strongest arguments for this position, for there the use of the germ-destroying agent is wholly *without* the patient's body.

Dr. M. O'Hara reported a case of

**Extra-uterine Pregnancy, with Rupture of the Fallopian Tube. Laparotomy on the Thirty-third Day.
Recovery.**

On September 25, 1885, Dr. O'Hara was called to see R. H., who had been in good health until seized, two hours previously, with severe rectal tenesmus, agonizing pains in the pelvis, pains from both flanks, and extending down the right leg and arm. From the tenesmus she thought she would have a stool, and rushed to the water-closet, but no relief following, rushed to her room, and fainted; she was carried to bed, rectal injections were given by those present, but no movement followed, and opiates were given her for the relief of the pain. When I saw her she was in collapse, almost pulseless, respiration shallow, extremities cold. The whole surface was bedewed with a cold death-sweat. She could not lie on her left side or back, but reclined doubled up on her right side, and would jump occasionally with exclamations of agony. The history hastily gathered gave the following data: R. H. was thirty years of age, mother of three healthy children, the youngest one year old; she was still nursing it. She had never been sick, and had menstruated regularly. One menstrual period had been missed about a week before the accident, and she considered herself pregnant.

The diagnosis was internal hemorrhage, due to rupture of the fallopian tube at the

fifth week of pregnancy. Opiates and stimulants were used. The next day Dr. Parish was called in consultation, and concurred in the diagnosis. There was still some shock; pulsation 130, feeble and irregular; respiration feeble; temperature normal; great pallor, evidently due to the loss of blood; the abdomen was moderately distended, with occasional cramp-like pains; moderate tenderness, but no symptoms of peritonitis. The patient showed signs of reaction, and laparotomy, though discussed, was deferred. Five days after the rupture, the patient was able to bear a close examination. The abdomen was greatly distended; there was no tenderness on moderate pressure; resonance was general, except in right flank, where there was moderate dullness; there was no dullness in the left iliac and lumbar regions, except very far back near the kidney. There was an apparent bulging of the right flank. The vaginal surface was generally oedematous; the anterior wall of the vagina was thicker at the cervix and to the left. The cervix is moderately soft and patulous; no bulging of the posterior pouch. It was not deemed advisable to use the scound. The urine was almost black in color. Pulse 104, temperature 99°, respiration normal. Two days later a marked jaundice appeared, although occasional vomiting and purging of bile occurred. A few days later a swelling was noticed on both sides and in front of the cervix; and a bloody, painless discharge, containing decidua-like fragments, escaped from the uterus, and the dullness in the right iliac region disappeared. Urination became painful and difficult. The patient felt so much better that she desired to get up.

Three weeks after the first attack a terrible flooding occurred, it lasted for an hour, and slight hemorrhage continued afterwards. There was decidua in this discharge. At the same time the supra-public tenderness extended towards the right and slightly increased on the left side, extending upward as high as the umbilicus. Chills and a rise of temperature to 101°, vomiting, constant, sharp-cutting pains, and emaciation, with signs of softening along the crest of the ileum, and general appearances of blood poisoning occurred, and surgical interference was strongly urged as the only means of averting death. On the thirty-third day Dr. Parish operated, and he prepared the following report of the operation.

There were present Drs. O'Hara, R. P. Harris, DeF. Willard, and McElroy. I proposed to cut down directly on the tumor by an incision immediately above the outer

portion of Poupart's ligament, believing that the tumor consisted of blood coagula and pus, located external to the peritoneum, and that the anterior parietal peritoneum had been dissected up to such an extent that the mass could be incised and emptied without opening into the peritoneal cavity, and without incurring the possibility of objectionable fluids reaching the serous surface. I also believed that the peritoneal cavity was clean, and that there had been no general peritonitis.

The gentlemen present advocated a median incision for purposes of exploration, and in deference to their views, I first cut through the linea alba, just below the umbilicus, making an incision long enough to admit two fingers. The peritoneal cavity was found empty, and the peritoneum quite normal, though somewhat congested. The exploring finger showed that the mass was external to the peritoneum, and had extended upward from the left half of the pelvis to a level with the umbilicus. The broad ligament had become obliterated by separation of its layers. It was not thought advisable to explore with the finger with the view of determining the condition of uterus and ovaries and tubes. The peritoneal covering of the abdominal accumulation was evidently thin and tense, so that a careful exploration as to the condition of the uterine appendages would have endangered its rupture and the probable development of general peritonitis. It would have been an easy matter to have stitched the parietal wall of the tumor to the walls of the median incision, and to have then by incision emptied the mass of its contents. But such a procedure would have been attended with risk of leakage of the offensive fluid into the peritoneal cavity. To avoid this risk, I now made another incision along the line of the original election, *i. e.*, above the outer border of Poupart's ligament, and readily reached the mass cavity without wounding the peritoneum. This incision was made long enough to admit two fingers. About one quart of blood coagula, fluid blood, and pus escaped. The fibrinous masses were removed, and all attached portions were scraped off with the fingers. The curette was avoided, chiefly because of the thin upper wall. The cavity was washed out with antiseptic fluid.

The median incision was closed with sutures, a drainage tube was introduced into the mass cavity. An incision could not have been safely made through the vagina, as the intervening tissue was too thick and its vascularity too great. The incision made

admitted of more thorough emptying of the cavity.

The patient suffered no shock from the operation. There was a slight sanguinolent discharge, containing small clots, from the drainage tube, amounting to about two ounces in twenty-four hours. Nourishment was taken fairly. The cavity left at the time of operation held f3xxxij. In two days it had contracted to f3j., but the discharge was purulent and offensive. A bloody discharge from the uterus had continued since the operation, but was free from odor and diminishing. The last sutures were removed five days after the operation, and two days later the drainage tube was replaced by a tent. Two weeks after the operation the uterine discharge had ceased, but free bleeding from the wound occurred; there had been no exertion, sneezing or coughing to cause this hemorrhage, which occurred about eight weeks after the last menstruation, but a week later a bloody discharge occurred from the uterus and wound. The temperature rose to 103°. There was no pain on pressure, but there was a suspicious hard spot in the left iliac region. Twenty-four days after the operation the patient was permitted to sit up, and while cheerfully singing, felt blood streaming down her legs from the wound; clots passed also from the uterus and rectum. She felt the rectal tenesmus and pains in right lower extremity similar to those felt at first seizure. Much blood was lost. A similar bleeding occurred three days later, and as life was endangered it was thought necessary to give ether and explore the cavity. It was found that the tissues had been dissected up by accumulated blood and pus, until the cavity extended down the side and front of the uterus, and communicated with the rectum at the upper end. The cavity was thoroughly scraped with a curette, and was then packed with alum sponges after disinfection with Platt's chlorides. The patient reacted well. When the wound was injected nothing came from the rectum, but an injection into the rectum came out of the wound, and there was a fecal odor about the wound. Next day the sponges were removed, and muslin tampons wet with phenol sodique were introduced. The packing was changed twice each day. Discharges of offensive fecal matters, and a small gallstone escaped from the wound.

On February 15, nearly four months after the operation, the patient is noted as doing uniformly well; the wound is closing; the exudation about the uterus and vagina is disappearing, and the odor and elimination of

gas while dressing the wound had disappeared.

May 1. Patient has gained greatly in flesh, and presents the appearance of perfect health. A very small short sinus alone remains. The communication with the bowel has closed entirely. Menstruation occurs normally, and there is no bleeding at any time from the wound.

Dr. Parish made a few remarks upon the history of this case, and the difficulties surrounding a diagnosis. The patient was thirty years of age, and perfectly healthy. She missed one menstrual period, and a week later, possibly in the fifth week of pregnancy, there were signs of internal hemorrhage with shock. Dr. O'Hara at this time made his diagnosis, doubtless correct, of tubal pregnancy with rupture of the cyst. The patient commenced after a few hours to rally. Dr. Parish was called in consultation the next day; he suggested an operation to remove the cause of the trouble, but did not urge it, as the symptoms had ameliorated. The patient continued to improve for several days. Afterwards a tumor appeared. The first hemorrhage being into the folds of the broad ligament and limited, did not show, but as repeated hemorrhages occurred the tumor

increased, pus formed, the embryo softened, septicæmia without peritonitis was developed, and then the operation was performed and was then imperatively demanded. Three months after the original shock a sudden and nearly fatal hemorrhage occurred simultaneously from the wound, vagina, and rectum. Evidently there was a tubal communication between the uterus and the wound, and a large rectal fistula had formed. This fistula healed without any separate operation.

There was evidently at the beginning a pelvic hæmatocele without peritonitis, due to a ruptured fallopian tube. The early operation was proposed, but did not meet with approval. It was evident the hemorrhage was extra-peritoneal, as it would probably have been fatal if it had burst into the peritoneal cavity. He deprecates the expectant plan of treatment of cases of rupture of the cyst of tubal pregnancy, but in this instance the amelioration of the symptoms at the time when first seen by him led him to hesitate as to the necessity for immediate operation. The sequel showed that in this case an early laparotomy would have been of no service. The patient's recovery is complete.

(To be continued).

EDITORIAL DEPARTMENT.

PERISCOPE.

Leyden on the Treatment of Obesity.

Professor Leyden, President of the Society of Medicine at Berlin, summarizes the experiences and opinions set forth in a discussion on the above subject, as follows. (*Der Fortschritt*, No. 10, May 20, 1886, from *Deutsche Med. Wochens.*)

I fail in concluding, from the present debate, that one method of treatment may claim a signal superiority over the others; and my own experience in practice confirms me in this view. It seems to me that all the various methods possess nearly the same merit; every one of them, when judiciously persevered in, producing the wished-for result. We certainly may regard it as a material practical progress, to be enabled now-a-days to have at our command several efficacious methods of treating obesity, of which we may select that most suitable to the nature of the individual case, being at the same time agreeable to the predilection of the patient. As

a general rule, we ought to be guided by the etiology of the case; i. e. we have to withhold that kind of aliment on which the patient has grown abnormally fat. Therefore the problem how to reduce the superfluous fat in a patient cannot be of great difficulty. The leading principles to achieve this—viz., limited ingestion of food and increased structural metamorphosis, assisted by muscular exercise, are very old, but our means of accomplishing it have enlarged. The treatment, above all, ought not to endanger the general health, and ought to lead to success without the least possible inconvenience to the patient. These two conditions form the main pivot of the present discussion. Without, however, some self-denial, the necessary abstinence cannot be carried out. All the various methods, notwithstanding their apparent diversity, agree in the reduction of food; and the modern limitation of liquids (Orth's method) is in fact nothing else. Some persons can more easily endure thirst, others hunger.

Nor can I perceive a material indication

of one method being more effectual than another. With due circumspection and perseverance, every one may finally succeed. But, at the same time, all these methods are fraught with some danger; anæmia, exhaustion, and especially debility of the action of the heart, not uncommonly ensuing after such anti-fat cures, when carried on too energetically and without discrimination. Such injurious consequences may even arise, when the treatment has been undergone with proper precaution and patience. There are many fat persons, whose proper condition of health requires a certain degree of stoutness: they will become ill and weak as soon as they lose fat. The physician, therefore, ought to consider the individual nature. Young persons, on the other hand, especially men who have grown stout from too liberal indulgence in beer or at dinner parties, will soon and without danger be reduced and brought into proper condition by due limitation of their self-indulgent habits.

The selection of the method ought to depend not only on etiological considerations, but on the individualizing judgment of the physician, and partly on the preferences of the patient. And in the latter, undoubtedly, fashion plays a very pre-eminent part. No experienced physician will disregard the influence of fashion on medicine and therapeutics; fashion constitutes, I aver, a remedial agent which the physician has, in some degree, to acknowledge. Patients have more confidence in remedies which are of the fashion of the day, and more willingly submit to deprivations enforced by a treatment if this happen to be in fashion, *i. e.*, if a number of well-known leaders of society and of their personal acquaintances have accepted it.

This influence of fashion we have met with in a remarkable manner in the different methods of treatment of obesity. Twenty years ago Banting's cure was in fashion, which, if used with certain rational restrictions, I still consider the best treatment. At that time persons of the better classes, who fancied or observed the slightest propensity to become stouter, adopted Banting's dietary. At present, for the same reason, they barely dare to partake of soups, and either limit to the utmost their drinks, or entirely abstain from liquids, and consider thirst a far less severe penance than any other kind of treatment.

Stout people resort with good effect to mineral waters and baths, losing there from ten to twenty pounds, thus preparing themselves for the dissipations of the coming sea-

son. They consider it a far smaller ordeal to submit for four to six weeks to the strictest abstinence in order to indulge during the remainder of the year in every luxury of the table, than to regulate their diet and to deny themselves any gastronomic enjoyment all the year through.

The rational treatment of obesity certainly falls within the province of the physician. Obesity, if not a pathological symptom, causes much discomfort and inconvenience, and may lead to various morbid conditions. Even if an individual be desirous of getting rid of superfluous fat, on account of his personal appearance, a physician ought not to withhold his advice. But, in meeting the wishes of the patient, it must be well borne in mind that there are very different constitutions. We know that some families are spare made, others very stout; it is the physiological condition of the former that all its members be lean, and of the other that they be fat. Not everybody, therefore, can become thin; and if people, who, in a certain condition of stoutness feel thoroughly well, attempt to lose fat, even only moderately, very serious symptoms might arise.

In concluding with a few words on the history of this subject, I may point out that the problem of the anti-fat cure is by no means one of the exigencies of modern times, but is coeval with medical science, or what in most remote antiquity passed for that. Hippocrates has laid down hygienic and dietetic rules for the prevention and the treatment of obesity, which are too well known to require further allusion. I shall confine myself to quotations from Galen and Celsus. The former gives the following advice:

"The best method of getting thinner consists in gradually withdrawing from the body that whereof there is superfluity, and in strengthening at the same time those parts which had been expanded. Bodily exercise will undoubtedly prove very advantageous, as we see stout horses getting lean by heavy work. Thus, likewise, those will never grow fat who are obliged continually to toil with hard labor. This, however, requires great precaution, it being certain that fat people frequently run danger of death when attempting violent bodily exercise." And Galen says: "Regular alvine motions, energetic bodily exercise, a moderate life, a diet which, although satiating, yields but limited nourishment; which explain why Hippocrates advises stout people wishing to grow thin to dine on vegetables cooked with fat, in order that they may become satiated by a small quantity of food."

The Treatment of Chronic Heart Disease.

The observations of Dr. Schott, of Nauheim (*Berliner Klin. Wochens.*, 1885, Nos. 33-36), since 1871, extend over 300 cases, and the clinical histories of a fair proportion of these are followed up. It will be remembered that Stokes was the first to advocate a life of active exercise in chronic heart disease. Indeed, Stokes went so far as to say that, for a man with well-compensated valvular lesion, the greatest misfortune that could happen to him was to have his cardiac trouble discovered by a medical man. This was because a number of restrictions were, as a rule, imposed upon his usual mode of life, all tending to a debilitating illness. The consequence was that the heart-muscle, like the other muscles of the body, lost strength, and dilatation of the heart supervened earlier than would otherwise have been the case. Stokes's doctrine of the positive value to the heart of a life of activity, has received more attention on the Continent than amongst his own countrymen. In Germany, especially, it has been developed into a complete system of treatment, on various lines. Oertel, as is well known, prefers hill-climbing to any other method, care being taken to ward off any threatening dyspnoea by repeated stoppages, and by making a few deep voluntary respirations before proceeding. This mode of exertion is selected partly also from a desire to unload the venous system, and the right side of the heart in particular, by diminishing the volume of the blood generally; and the excessive perspiration induced by mountain expeditions does this gradually and effectually, the supply of liquid being duly restricted by removal of the excess of water from the blood.

Dr. Schott makes great use of stimulating baths, together with the systematic exercise of the various muscles of the body at home by the aid of an assistant; but the bath is made apparently the chief element of the treatment. An artificial Nauheim bath (apart from carbonic acid) may be rudely imitated by adding to softish water 1 to 1½ per cent. of common salt, and as much per mille of chloride of calcium, the temperature being 93° F. Very weak patients have the water a little warmer, but not beyond 96° F.; and in all cases the bath should be a short one, a second chill being avoided. The baths are gradually made stronger, cooler, and the patient remains in longer, according as he improves. The full strength is from 2 to 3 per cent. of chloride of sodium, and from ½ to 1 per cent. of chloride of calcium, with carbonic acid. The last-named

may be supplied artificially by adding equal parts by weight of bicarbonate of soda and hydrochloric acid, the full strength being 1 kilogramme of each in a bath of 250 litres. But much smaller quantities suffice at first.

The exercises consist of various movements of the limbs and trunk, each movement being opposed by an assistant, who gives way as the patient exerts his strength. The greatest care is taken that the patient breathes easily the whole time. The details may be found in Dr. Schott's original article (*Berlin Klin. Wochens.*, Nos. 33-36, 1885,) reprinted as a pamphlet by Schumacher, of Berlin.

The therapeutic results have already been summarized in these columns. Suffice it to say, that diminution of the cardiac dullness during a course of baths can be actually demonstrated, and, as a rule, the improvement in the patient's condition is immediate and striking.

No alteration is made in the solid food, but Dr. Schott has for years restricted the fluid supply whenever high arterial pressure existed. Finally, mountain tours are recommended where there is obesity, but in moderation.

This system of baths and exercise is a rival to Oertel's mountaineering system, and possesses certain advantages, in that it can be adopted at home, and can be regulated to a nicety to suit the patient. But Dr. Schott's observations lack the scientific precision of Prof. Oertel's. It is earnestly to be hoped that a more active life may be ordered by medical men generally in the treatment of heart disease. It is to be feared that a merely passive existence is still widely recommended to any unfortunate patients with (mitral) valvular lesion and dyspnoea.

Night Palsy.

Dr. W. E. Steavenson thus writes in the *Practitioner* for June:

I have had several cases of this affection sent to me for treatment in the Electrical Department at St. Bartholomew's Hospital, and venture in this paper to give a review of the subject, and to record the opinion I have formed of the nature of the complaint. All my patients have been women, usually at or near the climacteric period of life. Some few had passed it by a year or two. I have seldom seen the affection in an old woman, but I remember to have seen one case over the age of sixty years. I have also met with it in women between the ages of thirty and forty years. The attacks have very

often followed a hard day's work, such as washing and scrubbing, or have been due to other causes producing nervous exhaustion. The patients have usually been awakened towards morning by tingling and pain in the arms. The limbs seem swollen, and there is a sensation of bursting and fullness. Real swelling is very slight, if present at all. Patients cannot raise the arms to the head. Sometimes with a little rubbing the arms recover somewhat, but after raising them for a short time, for such a purpose as dressing the hair, they again become useless, much in the same way as with a painter who is working at a point above his head, and has to rest his arms occasionally on account of the useless feeling which is so produced in them. This fact might be used as an argument in favor of Dr. Notley's theory that the affection is due to anæmia. Patients who suffer from this form of paresis often have a dread of impending paralysis, and look upon these morning attacks as premonitory symptoms. After a short time, with rubbing, the numbness and loss of power pass away. When tested by electricity the muscles of the limbs react normally to both the continuous and interrupted currents.

I have been led to consider this affection a functional derangement of the nerves, occurring for the most part in women at or about the climacteric period, and in my experience appearing more likely to occur in women of an hysterical temperament. I believe that the period of the menopause has a decided determining influence on the occurrence of these seizures. As Dr. Saundby says, "we are all familiar with the various forms which neurasthenia takes in climacteric women," and I believe that this "special form of numbness of the extremities" is one of them. At or about the time of the cessation of the menstrual function, women's nervous systems undergo a profound change. Often at this time nutritive changes are also apparent. A thin woman becomes corpulent; those with any tendency to the growth of hair on unusual parts again develop it, although the growth may have ceased or almost disappeared during the child-bearing period; the tendency to the return of hysterical symptoms is also most common. All the patients I have seen who have suffered from this affection have been women, and in this I agree with most other observers. It very possibly occurs as often in men as true hysteria does. The coffin-maker described by Weir Mitchell as being troubled with some form of this complaint, was a poor, weak, hysterical individual.

The suggestion that this affection may be due to gastric irritation is new to me. Dyspeptic symptoms were certainly not prominent in or complained of by my patients. All the cases I have had have recovered with rest, bromide of potassium, and galvanism.

A Rare Case of a Gun-shot Wound, with Recovery.

Dr. C. K. Gregg, of Ramos Arispe, Mexico, reports this case in *Daniel's Texas Medical Journal*: Philippe Delbosque, æt. 21, whilst imbibing too freely of a favorite Mexican liquor, "pulque," at a "pulqueria," on Sunday afternoon April 28th, attempted to draw his pistol, a 45 cal. S. & W. (secreted under his vest, and between his pants and shirt), and which was accidentally discharged.

He was removed to his home at once, and seen a few moments after the accident. I found that the bullet had entered the hypogastric region of the abdomen, to the right of and above the bladder, taking a downward and oblique course, and making its exit from the body at the apex of left testicle, producing a slight wound on the inner side of the left thigh, and lodging in his drawers. As he had passed his water shortly before my arrival, and which was free from blood (the bladder having been quite distended prior to accident), I came to the conclusion, therefore, that the bullet must have passed above and near the neck of the bladder, without injuring that important viscus, under the symphysis pubis, and following the spermatic cord made its exit as above stated. Hemorrhage was slight, but shock very great; however, as apparently the bladder had not been injured, I gave a favorable prognosis. Fearing subsequent peritoneal trouble, the bowels were ordered to remain at rest, and all purgative interference strictly prohibited. He was given a hypodermic of morphia, and cold applications applied to both wounds; liquid diet, and absolute rest enjoined, for fear of secondary hemorrhage.

For the first few days he did exceedingly well, with the exception of suffering some pain, which, however, was easily relieved by hypodermics of morphia. On the third day he had some fever, temperature reaching 101° Fahrenheit (highest point reached).

On the fifth day suppuration commenced from the lower wound, and on the same day pain in testicle and abdomen was excruciating. Scrotum, penis, and left iliac region of abdomen became ecchymosed and remained so until convalescence was well estab-

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lished. Suppuration, especially from the testicular wound, was very profuse, lasting nearly two weeks.

No symptoms of peritonitis manifested themselves, which I attributed in a measure to the quietude of the bowels for the first eight days. He always passes his water freely except when under the influence of morphine. About the eighth day he was greatly annoyed by nausea and gastric irritation, which, however, was easily relieved by an effervescent mixture of pot. bicarb. and acid tartaric. When cold applications were no longer necessary, the remainder of the treatment consisted in applying iodoform and zinc ointment alternately over the wounds, which caused them to heal very quickly.

In less than one month my patient was able to ride on horseback and attend to his duties as "gendarme."

Case of Congenital Deformity of the Chest.

Before the Liverpool Medical Institution, Mr. Bernard Blower showed this case, which was one of congenital deformity of the chest, which the author considered to be of interest chiefly from the amount of deformity with comparatively little apparent disturbance of the functions of the contained viscera. The patient was a young man, *æt.* 21, with a good family history, employed in the London and North Western Goods Station, where he had charge of a hydraulic capstan, and although his work is rather laborious, and his hours long, he has been able to continue pretty steadily at it for the last five years. There is no history of any obstructive disease of the air passages during childhood to account for the deformity, and although he has always been delicate, he states that he has never been actually laid up by any illness, with the exception of an attack of bronchitis three years ago, and since then has been subject to a winter cough. When he presented himself as an out-patient at the Chest Hospital two months since, he complained of cough, and slight difficulty in breathing. The deformity consists in an approximation of the anterior and posterior chest walls in the middle line. The second piece of the sternum was bent at an angle about the centre, the apex pointing backwards, so that a large cup-shaped depression is found in the front of the chest, which when the patient is placed on his back holds about $\frac{3}{4}$ of water. There is a lateral and antero-posterior curvature of the spine forwards, so that when the fingers of one hand are placed in the depres-

sion before mentioned, and those of the other hand in the depression in the back, the tips are only separated by about three inches. If the space occupied by the spine and body of the vertebra, and the thickness of the sternum be subtracted from this distance, the cavity of the chest in this situation, viz., the anterior mediastina and posterior mediastina, must be almost entirely obliterated. The heart appears to be placed almost in a perpendicular position, and contained entirely in the left half of the thorax. The superficial veins upon the surface of the chest are slightly distended. The lungs appear to be healthy, with the exception of a few bronchial rales posteriorly, and some fine crepitations at the apex of the left lung anteriorly. I have no doubt that rickets was the original cause of the deformity, although the chest has assumed an unusual shape, and the only remaining diagnostic sign is some slight enlargements at the junction of the ribs with the cartilages.

Constipation and Epilepsy.

Dr. J. S. Jewell thus writes in the *Neurological Review* for June: The general profession has yet much to learn in respect to the bad influence upon health of habitual distention of the colon with fecal matter. It has also much to learn as to other efficient means for emptying the bowel than the ordinary purgative, such as the pills and cathartic powders, extracts, salts, and natural mineral waters charged with the same. In many cases it is not only desirable, but entirely practicable, to cease the use of drugs to purge the bowels. Where the colon is much weakened in its muscular coat, and chronically dilated, it can not possibly be fully emptied by such means. I have known distention of this part of the intestine to be so great that from one to more than two gallons of matter have been removed in the course of two or three days devoted to the task of emptying the colon of rotting materials. I wish to repeat my conviction that no other point in respect to the hygiene of epileptics more worthily challenges the persistent attention of the physician than the one just referred to. In cases where there is reason to believe filling up of the bladder with urine, and unusual distention of the seminal vesicles, irritate the organs in question, and by consequence the copious nerve supply of the same, I am accustomed to direct at least that the bladder shall be emptied at an earlier period than that upon rising, so as to anticipate the fit. In bad cases of

epilepsy, in females, in which by consequence marriage is out of the question, I have been led to seriously consider the desirability of removing the ovaries, and of thus putting an end to the menstrual history. My opinion is that in bad cases of epilepsy, occurring in early and middle life, plainly connected with and dependent on menstrual disorders, the operation in question ought to be attempted, with the prospect of greatly ameliorating the attacks. Then, again, I am accustomed to direct my patients to avoid as far as practicable serious fatigue, whether physical or mental, and all undue emotional excitement at those periods when they are known by experience to be likely to have the attacks. For, in case of great fatigue, both the sensibility of the nervous system, as a whole, is sharpened, and its inhibitory power diminished. These, it need scarcely be said, are prime conditions, not to say causes, of attacks of epilepsy.

Pneumonia Migrans.

Dr. Victoria J. Antuszewicz, house-physician to the Zensky Hospital in Orlov, Viatka Government, describes (*Proceedings of the Viatka Med. Society*, No. 2-6, 1886, p. 1,) two cases of so-called "wandering" or "migrating pneumonia" (as is known under the name of "pneumonia migrans," Waldenburg, Weigand, Fischl, Friedreich, Koranyi, Kelemen, and others, have described cases of croupous pneumonia, where the inflammation, having run its course at a given portion of the lung, appears at or—*sit venia verbo*—skips to another more or less remote pulmonary region; then, after resolution, the process originates at a third spot, etc.) One of her cases refers to a weak, emaciated, and exhausted woman, aged 38, in whom, a few months after her recovery from protracted granular endometritis, with severe flooding, there developed itself asthenic croupous pneumonia of the middle and lower lobes of the right lung. In the morning of the sixth day the temperature fell from 40.3° C. to 38.6° C., and the local symptoms seem to point to resolution. But in the evening the temperature rose again, and on the seventh day the upper lobe of the same lung became infiltrated in such a way that "between the old diseased portion and the newly affected one there remained only a zone of healthy tissue, measuring about two and a half fingers in breadth." On the tenth day normal vesicular breathing was heard over the middle and lower lobes, and on the eleventh day a second crisis followed. On the twelfth day collapse occurred, while the middle and

lower lobes of the same lung again became engorged. On the sixteenth day the patient died "from cardiac and respiratory paralysis." (Unfortunately no necropsy was made to verify these statements.) Another case ended in recovery. The patient, an undersized, anemic woman, aged 27, was attacked by pneumonia of the lower lobe on both sides. Resolution took place only on the eleventh day. On the twenty-third day there appeared rigor, rise of the temperature to 40° C., and infiltration of the superior lobe on both sides. On the thirty-second day a new crisis occurred, the patient leaving the hospital several days later, fairly well. Dr. Antuszewicz mentions also a third case of wandering pneumonia, which she happened to observe during her student days, and which ended fatally, the patient being simultaneously attacked with petechial typhus.

Dialyzed Pitch.

The *Druggists' Journal* says that the healing properties of vegetable resins are well known, and extracts therefrom have been used from time immemorial. The offensive character of the crude product has rendered its general use in medicine quite impracticable, however. A means of its purification by dialysis has been suggested by Mr. Charles J. Ulrici, a chemist of Havana, Cuba. The pitch is at first filtered to remove coarser impurities. The heat used in filtration serves to drive off certain objectionable volatile products at the same time. By dialysis, certain aldehydes, acetones, cyanides, benzoines, pyroligneous acid, formic acid, etc., are capable of being removed by dialysis when saturated with sodium bicarbonate.

The dialyzation is continued until the dialyzate (?) ceases to give efflorescence on the addition of H₂SO₄, the distilled water is renewed repeatedly until such reaction disappears. The remaining dialyzate (?) in the dialyzer consists of a neutral solution of colloidal and chemical nature, derived from the useful principles or components of the pitch. The dialyzed pitch is then subjected to heat and evaporated slowly, mixed with coarse sand, and continue the heat to evaporate more moisture, cool, and place in a lixiviating apparatus.

The soluble portion is then extracted by means of alcohol and glycerine, and a sort of fluid extract prepared. It is stated by the *Scientific American* that it has great medicinal value in the treatment of bronchitis, of throat disease, of ulcers, herpes, chronic rheumatism, and skin diseases.

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THE MORBID SEAT IN EPILEPSY.

Although it is generally acknowledged that the centre for convulsions resides in the medulla oblongata immediately above that of the centre for respiration, the original points of irritation, where the epileptic seizures originate, had never been fully determined. In a dissertation in Dorpat, May, 1886, Dr. H. Johansson mentions the results of experiments which he has made on 24 dogs, for the purpose of discovering the relation of the cortex and of other parts of the brain to epilepsy. He arrived at the following conclusions:

Typical epileptic attacks may be produced not only from the anterior but also from the posterior portion of the cerebral cortex, but from the latter *only* with *strong* electrical currents. The irritation is transferred from the posterior to the anterior portion; and not only by way of the cortical, but also by that of the white tissue, although the latter does not conduct so well, especially in narcotized animals. Both cortical motor centres need not be intact for the production of complete, double-sided seizures. Ablation of the motor centre during the acme of an epileptic seizure does not interrupt the spasm of the muscles of the opposite side, but the convulsions remain double-sided. After removal of the cortex of the convex surface of both hemispheres no irritation of the white substance will cause epileptiform convulsions. By irritating the lenticular body after destruction of the cortex, epileptic seizures may still be produced; also from the nucleus caudatus, but the latter stands in the same relation to the nucleus lenticularis, as the posterior portion of the cortex does to the anterior: it requires strong currents. J. also succeeded by electrical irritation of the peduncles of the cerebrum, especially of its basilar portion, in producing epileptic convulsions; but no irritation of the optic thalami gave any but a negative result.

A CASE OF HYSTERICAL MONOPLÉGIA IN THE MALE.

A driver, æt. 25, belonging to a family with a decided neuropathic tendency, fell from a considerable height on his right shoulder. Four days later he suffered with complete palsy of the right arm, and anæsthesia from the shoulder-joint to the wrist, but palmar and dorsal surface of hand showed no sensory disturbances. Though the palsy had existed for fully five months, no contracture nor atrophy could be noted. Electrical reaction was also normal.

Drs. M. Marie and G. Guinon, who report the case in the *Progrès Méd.*, 1886, Nos. 34 to 37, incline to the belief that the paralysis was not of a traumatic but of a hysterical nature, especially as later other hysterical symptoms became added, as narrowing of vision, muscular polyopia, etc.

Considering the complete paralysis, we doubt its being of hysterical origin. We rather suppose that in consequence of the severe fall the hereditary tendency became later developed and then made its appearance. The palsy attacked the right arm; this in a laborer is generally far more muscular and more voluminous than the left, so that any atrophy which does not make a too rapid progress would probably not be observed very early. Contractures need not appear in these cases. Another reason for our view is the want of success of the treatment based upon the supposition of hysteria.

VASO-MOTOR NEUROSIS.

Dr. Leonard, in the *L'Encéphale*, 1886, No. 5, describes the case of a girl, æt. 19, in whom on various symmetrical parts of the body an erythema repeatedly made its appearance, which set in with high fever, 104° F., and which ceased again of its own accord after from two to four hours' duration. She also suffered at the same time, and not only during the attacks, but also, though not severely, during the intervening time, from epigastric pains, vomiting, and a decided diminution of the amount of urine excreted. There were, however, no motor or sensory disturbances; only three contractures were observed, with some mild sensory disturbances.

There was no indication of hysteria being present, but the general grouping of the symptoms was to L. an evidence of the vaso-motor nature of the erythema.

The case is in so far of great importance, as a physician who would see such a case during the first attack of this curious malady, might easily be induced to look upon it as one of erysipelas, or of some other grave exanthem. Certainly the periodicity, when once established, would easily lead to the correct diagnosis. A general tonic treatment, to which quinine in larger doses had been added, seemed to give the best results.

REMOVAL OF OVARIES IN FIBRO-MYOMA.

Dr. Duplay, in the *Arch. Gén. de Méd.*, 1886, June, reports two cases where, in con-

sequence of uncontrollable menorrhagia due to uterine fibro-myoma, the ovaries were successfully removed. Based upon these observations and upon all the cases reported in literature and compiled for the Congress at Copenhagen, D. arrives at the following conclusion:

1. The removal of both ovaries is a remarkable success in severe metrorrhagia caused by uterine fibroids.

2. Notwithstanding the comparatively small mortality (14 per cent.), this operation ought to be performed only after all other milder means have been exhausted.

3. The operation is specially indicated in fibro-myoma of small and in those of moderate size, whose removal would be difficult or impossible, if not dangerous to life.

4. Whenever these conditions are obeyed, castration results almost invariably in the cessation of the hemorrhage, and also often in a diminution of the size of the tumors.

5. Castration is contra-indicated in large and cystic myoma, which are to be removed only by hysterectomy.

6. The operation must be performed on both sides; the extirpation of the free end of the tubes is also to be recommended, as otherwise they would suppurate, and only produce irritation in the wound.

HEREDITARY SYPHILITIC DISEASE OF THE GALL-DUCTS.

In a three-weeks-old child, that from its birth had been suffering from a luetic skin eruption and from a severe icterus, but that from its birth had never presented any gastric symptoms, after death hard foci of the size of a hazel-nut were found in the lungs. On cross-section they were seen to contain a grayish-white gummatous mass. In the hilus of the intensely yellowish-colored liver a thick whitish new growth was found, which extended for some distance into the liver, and occupied mostly the gall-ducts. It extended outwards along the ductus chole-dochus communis into the gall-bladder. In the stomach a few hardened patches were met with, all of them presenting the same histological elements as are characteristic of luetic neoplasms. Some of them were also found in the mucous membrane of the alimentary canal. It was interesting to observe in some of them a retrograde formation due to the inunctions with ungt. hydrargyri, and they proved that the child's life might have been saved if the mother had been subjected to the same treatment while still being pregnant.

NOTES AND COMMENTS.

Treatment of Serous Pleuritic Effusions.

Recently several authors have given it as their opinion that thoracentesis should be made in cases of pleuritic effusions only when the dyspnoea is so great as to necessitate the withdrawal of the accumulated fluid. Various methods were proposed to take the place of aspiration, and now Dr. J. Glax (*Ztschr. f. Klin. Med.*, ix., p. 471), recommends the therapeutical procedure practiced for years in Koerner's clinic, and which gave him a successful result in twenty-five cases, twelve of which concerned large effusions.

This method is based upon the withdrawal of all fluid nourishment, not as rigorously carried out as it formerly used to be, but in a more limited manner. The fluid ingesta are gradually reduced in quantity until the amount of urine excreted is equivalent to one-half, or still better, to two-thirds of the amount of fluid introduced into the organism—about the normal relation observed in health. As the diuresis is very moderate in cases of pleuritic exudations, one can easily see that the amount of fluid allowed to be taken in form of food must also be but a limited one; but to make the thirst less intolerable the limitation specially affects warm fluids, as soups, sauces, etc. Besides easily absorbable salts, especially chloride of sodium are administered, that they may pass with the blood into the pleuritic effusion, where they cause an absorption of fluid and its excretion by the urine.

Under this method of treatment G. observed a complete recovery in all of the twelve cases above referred to. The cure necessitated, on the average, thirty days, while the average duration of a great number of published cases of pleuritic serous effusions treated by aspiration amounted to forty-seven days.

As the treatment of pleuritic effusions does not seem a very successful one in our country, to judge from the number of deaths from this disease weekly reported in our large cities, the method above described may well merit a more extended trial.

Gonorrhœa in Women.

Dr. Lomer has published the results of a systematic examination of the vaginal secretion in several hundred women in Professor Schröder's wards. Bumm has recently insisted upon regarding the cervix uteri as the

true seat of gonorrhœa, the vaginitis being a secondary result due to irritation from the cervical discharge. Neisser's diplococci are not easy to find in vaginal discharges, and are sometimes found in pus-cells in non-specific vaginitis. Dr. Lomer confirms the opinion that the vaginal discharge is unfavorable for the detection of diplococci, which should be sought in mucus taken direct from the cervix. Still, the same germs may be found in vaginitis in children and in women in childbed. Clinical appearances aid in the diagnosis of gonorrhœa, especially signs of inflammation of the vulva, urethra, and vagina. A greenish coloration of the pus in purulent catarrh of the cervix, Dr. Lomer, like other observers, considers to be suspicious. Sterility was very frequent in his cases of chronic gonorrhœa, and scanty menstruation was a very common complication. The existence of hydrosalpinx or pyosalpinx is of great diagnostic importance. A very considerable proportion of women in gynecological departments of hospitals are subject to chronic gonorrhœa, without being aware of the fact. After the puerperium, gonorrhœa is the most frequent cause of uterine disease. Sanger traced gonorrhœa as the origin of disease in one-ninth of all his gynecological cases.

Treatment of Severe Cases of Burning by Hebra's Water-bed.

In the *Glasgow Med. Jour.*, Dr. W. T. Laurie has a short article calling attention to the value of Hebra's water-bed in the treatment of severe burns and other extensive skin wounds from whatever source, and pointing out the advantages it possesses over the ordinary treatment by dressings. Hebra's water-bed, according to the description quoted from Kaposi, consists of an iron framework in the form of a bed suspended by chains in a zinc trough, and carrying a mattress on which the patient is laid. When in use, the trough is filled with warm water, and the patient is gently lowered into it, so as to be entirely immersed, excepting, of course, the head. The temperature of the water is then adjusted to his comfort, and it seems the best temperature is about 104° F. He is kept constantly in the bath, leaving it for functional purposes only, till the wounds have sufficiently healed to allow him to leave it for good.

The advantages claimed for the water-bed are:

1. That it abolishes pain and the consequent need for opium.

2. It does away with the torture and danger of repeated dressings.

3. It provides perfect facility for the removal of discharges, and is absolutely aseptic.

Climacteric Diabetes in Women.

We have before had occasion to call attention to the fact that in women this disease very frequently makes itself first manifest about the menopause. Mr. Lawson Tait has contributed an article on the subject to the *Practitioner*, and we give his closing words: "Roughly speaking, the conclusions that I have arrived at concerning this affection are that in the great majority of cases of eczema of the vulva at the climacteric period, the disease is due to the presence of sugar in the urine. I have not yet come across a case of this kind in which, having examined for sugar, I have not found it. The disease seems to begin at or near the arrest of the menstrual function, and to extend over a period of several years, then terminating in all probability by nature's own process. The sufferings of the patient are very much diminished, and probably the duration of the disease is shortened, by the liberal administration of opium; whilst the local trouble is best mitigated by ointments containing such substances as will arrest the process of fermentative change in sugar. So far the best substance that I have found for the purpose is the old-fashioned hepar sulphuris."

Etherization by the Rectum; Report of Four Cases by Yversen's Method.

After reporting four cases before the Philadelphia County Medical Society, Dr. John S. Miller concludes that in this method of etherization the most obvious advantages are as follows:

1. Dyspnoea is avoided, and the patient is saved from the anxiety due to a sense of impending suffocation.

2. There is avoided the danger of simultaneous irritation of the superior laryngeal and pneumogastric nerves at the periphery—these irritations neutralizing each other in the respiratory centre, and suspending respiration entirely.

3. The danger of asphyxia is lessened—the patient not being drowned in his own mucus, and the integrity of the pulmonary mucous membrane as an organ of gas exchange is preserved. Of course some vapor finds itself in the lungs, and acts there as a local irritant—elimination being by that channel, but the quantity is not great, and

does not constitute a source of danger. In the cases reported the increase in secretion was too trifling for discovery.

4. The stage of excitation is therefore not prolonged by the struggles for breath. In general it may be said that the delirium of any alcoholic intoxication is a pleasant and good-natured one, unless the patient is crossed—as he certainly feels himself to be when a wet towel is pressed over his face.

Sudden Death Following Excision of the Uvula.

Dr. W. W. Tompkins, of Charleston, W. Va., reports in the *Med. Record* the case of a negro, thirty years of age, who asked his advice on account of a constant tickling in the throat and slight difficulty in breathing. Examination showed the uvula greatly elongated and projecting down below the base of the tongue. Its removal was advised, but the patient said he was afraid of an operation, and accordingly a gargle was prescribed; later in the day, however, the patient sent for Dr. Tompkins, and requested him to cut off the uvula. A small portion was accordingly removed, and the patient expressed himself as feeling better. In a few minutes the man's room-mate ran into the doctor's office and said the patient had dropped dead. There had been but little hemorrhage, and the operation had seemed to relieve the symptoms. But the patient had, on the occasion of his first visit, said that he had heart disease, although, as he was wet and dirty, having worked at ditching all night, no physical examination was made. Dr. Tompkins had thought of giving ether, as the patient was so nervous and fearful, but congratulated himself afterward on not having done so. Death was evidently due to cardiac disease, the immediate cause probably being the excitement caused by the operation. The patient's father had dropped dead under somewhat similar circumstances three years before.

At What Part of the Intestinal Canal Do its Contents Become Feculent?

While we cannot say that any very weighty practical questions rest upon the solution of this problem, yet, as a matter of information, we note the following conclusion of a paper by Dr. E. G. Waters in the *Maryland Med. Jour.*, June 26:

"Now, the sum of this whole matter is this, that here, as in so many departments of physical study, our ignorance is humiliating, after the immense time and labor given to the subject by able and conscientious men

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who were and are not mere makers of books. Nevertheless, the weight of evidence is largely in favor of the supposition that the contents of the small intestine before they are pushed beyond the ileo-caecal valve are probably, as a rule, wanting in no feculent feature, unless it be that of mere solidity. If the contents of the small intestine are not excrementitious, how is it that in stercoraceous vomiting such matters are brought up, if, as some experimentists tell us, the ileo-caecal valve is impervious to the return even of liquids from beyond it? And if the chief office of the colon is absorption, according to Foster, how does so considerable an accumulation of feculent matter take place in it, when we remember that Berzelius estimates the residue from food at less than 33 per cent. of the entire mass? To these and other similar questions it seems to me there can be but one answer."

Catheter Fever.

Dr. W. Hutson Ford thus concludes a paper in the *St. Louis Courier of Medicine* for June:

The irritating agency in such cases is, I believe, mainly the unremitted catheterism, for I have found puncturing the bladder by the rectum, with a discontinuance of the catheterism, to be followed by speedy amendment. But the concurrent decomposition of the urine must also be regarded as a prime source of irritation, and the absorption of such tainted urine, through surfaces abraded by the catheter, must be considered as the direct cause of the septicæmic elements of the fever. A degree of uræmia also plainly concurs, which increases to a lethal extent in fatal cases, and this would first be due, I imagine, to the establishment of latent nephritis, as it is not a primary condition. Such a nephritis may be looked upon as a pathological accompaniment of the subacute septicæmia, specially, perhaps, determined to the kidneys by the sympathetic relations of the bladder, and particularly of the deep urethra, to those organs.

Large Doses of Digitalis in Pneumonia.

In a Roumanian medical journal, *Spitalul*, February, 1886, Dr. I. Antoniu, of the Military Central Hospital in Bucharest, describes an interesting case of a weak soldier, aged 23, who was admitted to Professor Z. Petrescu's wards about twenty four hours after an initial severe rigor, with grave (*forte alarmâtore*) general and local symptoms of pneumo-

nia. At once an infusion of digitalis (four grammes of the leaves to 200 grammes of water, the whole to be taken in frequent doses during the day) was given. The same treatment was pursued during the next day (the third of the disease). On the morning of the fourth day the temperature suddenly fell from 39°.5 C. to 36°.3 C., and the pulse from 92 to 60 a minute. On the fifth, the temperature was oscillating between 36.3° and 37°, a marked amelioration in the local symptoms being observed. On the sixth, the patient's general state was quite satisfactory. On the tenth, he was practically well, but was retained under observation for another eight days. For several days the pulse continued to be as slow as 44 to 48 a minute, it being still 52 twelve days after the last (second) dose of the drug.

The Universality of Syphilis.

It would seem that no part of the body is secure from the ravages of this disease. That there are many instances of seemingly strange departures from health that are to be accounted for by the syphilitic poison there can be no doubt. Now, in *Schmidt's Jahrbücher*, Dr. L. Galliard reports some cases of gastric trouble successfully treated with mercury and iodine, and recalls two instances in which Klebs and Cornil found gummy tumors in the wall of the stomach. He concludes that there exists a syphilitic disease of the gastric mucous membrane, which consists in the presence of ulcerated gummata of the wall of this viscus. This gastric syphilis would seem to be less uncommon than has hitherto been supposed, and the author believes that many cases of alleged simple ulcer occurring in syphilitic patients are really referable to the action of the specific virus, and that much good would result from specific treatment in such cases.

Treatment of Facial Neuralgia by Cocaine.

Dr. de Coninck, of Ledeberg-les-Gant, writes to the *Sealpel*, of Liège, that the effects of hydrochlorate of cocaine in facial neuralgia and in cephalalgia having its seat in the temporal region are surprising. The pain, be it ever so intense, will instantaneously cease on applying to the auditory canal one minim of a solution of one per cent. of this salt, by means of a small camel-hair brush. This signal effect, however, will only continue for a few hours, after which a repeated application may be required. Hydrochlorate of cocaine has never failed in the many

cases of these kinds of neuralgia, treated in that manner by Dr. de Coninck. In neuralgia of the fifth nerve and its branches, however, the results were less certain and less satisfactory, owing, perhaps, to the superficial mode of its employment.

Trypsin in Diphtheria.

Trypsin has been employed of late in the treatment of diphtheria for the purpose of dissolving the exudation membranes, over which it appears to possess no inconsiderable solvent powers. According to Dr. Saunders, of St. Louis, Mo., it invariably cleared off the membranes in sight in less than a day, and even in cases which terminated fatally, it certainly appeared to delay the fatal issue. It does not, of course, relieve the cedema which precedes and accompanies diphtheritic exudation, and for obvious reasons cannot be thoroughly applied to the larynx. Apparently we have here an agent which gives promise of great usefulness in some of the worst types of diphtheria and membranous croup. A good strength to use is thirty grains to the fluid ounce of water, with ten grains of bicarbonate of soda. This solution should be applied over the parts every half hour until the membrane disappears.

Aneurism of the Subclavian Artery Cured by Galvano Puncture.

Dr. Saboia has presented to the Imperial Academy of Medicine of Brazil the history of a case of aneurism of the right subclavian artery in a young man aged 30, cured by galvano puncture. The tumor was of the size of a small hen's egg, bounded on the inner side by the sterno-mastoid, below by the clavicle, and on the outside by the trapezius. There was no difference between the pulsations of the two carotids, but the radial pulse of the left side was strong, full, and vibrating, while on the right side it was small, filiform, and scarcely perceptible. Two metallic needles were introduced into the tumor, and connected with the positive pole of a Gaiffe's pile of fourteen elements, the negative pole being applied to the trunk at a distance from the aneurism. The sitting lasted thirty-five minutes, at the end of which the tumor had become tense and had ceased to pulsate.

Hæmoptysis as a Symptom of Pneumonia.

In the *Lancet*. June 19, Dr. D. W. C. Hood publishes a paper in which he emphasizes the fact that in certain pneumonic conditions a sharp hemorrhage at the initial

stage is symptomatic of the attack, and is, as he believes, directly caused by the inflammatory hyperæmia. In such cases, where a severe hemorrhage ushers in the attack, we shall find the inflammatory focus very frequently at one or other apex, and the physical symptoms of such a pneumonia are often more easily demonstrated at the posterior than at the anterior region of the chest. Such pneumonia, complicated with severe hemorrhage, is peculiarly connected with lung tissue already the seat of chronic change, whether such change be due to deposition of tubercle or to chronic inflammatory changes.

Examining the Urethra.

Dr. W. B. Rogers very truly says, in the *Mississippi Valley Med. Mo.*, for June, that much harm may be done locally in a urethral examination, and even death has followed the introduction of a sound where no violence was used. Bear these points foremost in your minds, and conduct your examination with the utmost care—do no violence whatever in your examinations. Never pass an instrument into the urethra of a patient not in the recumbent position. It is a good rule to see that the urine of the patient is bland and unirritating, and to this end, when practicable, administer alkalies for some hours before the examination. Inject the urethra with oil; it is far better than simply oiling the instrument. In cold weather have the instrument warmed to a comfortable temperature.

A New Method of Treating Thoracic Aneurism.

Under this title Dr. Richard Barwell describes a method which he has recently employed. It consists in puncturing the sac with a hollow ivory needle, and passing through this and into the sac about ten feet of fine steel wire. This latter is connected with a galvanic battery (positive pole), and a current of nine or ten milliamperes is passed through it for an hour. In the case in which this method was tried a considerable degree of firm coagulation was obtained, but the aneurism had a second sac, and the patient was nearly moribund before the operation. He died a week later.

The Vomiting of Pregnancy.

Dr. C. H. Hollady thus writes in the *Medical Age*:

To sum the whole up, I have come to the conclusion, as before stated, that the gastric

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trouble is sympathetic in its nature, and depends upon reflex nervous irritation; that this irritation has its origin in the ovary, and is the result of the increased growth and development of the true corpus luteum; and that in complicated cases, in proportion to the degree of development to which the body attains and the length of time that elapses before its retrograde changes begin to take place, will be the prominence and duration of the annoying symptom.

Atrophy of the Left Arm, the Result of Cellulitis.

Mr. A. G. Miller presented this case to the Medico-Chirurgical Society of Edinburgh, June 2. The appearance presented was literally that of skin and bone, from the shoulder downwards. The atrophy was most complete on the extensor aspect. There was complete ankylosis at the elbow, and an approach to the same condition at the wrist. The etiology of the affection was doubtful. In connection with the case, Dr. Byrom Bramwell exhibited a photograph, recently taken, of a patient under treatment for phthisis, showing atrophy limited to the muscles of the shoulder and upper arm.

Obstinate Vomiting.

A valuable hint may possibly be derived from the following closing paragraph of Dr. E. Chenery's article in the *New England Med. Monthly*, June 15:

"I here raise the question: Are not many of our obstinate cases of vomiting, particularly in pregnancy, wholly dependent upon inaction of the upper part of the small intestines whereby the alkaline bile is sent back into the neutral or acid stomach, disturbing its function and causing irritation, muscular contraction, and ultimately inflammation of the organ? If so, the way is plain by which to bring relief."

Nitrite of Amyl in the Paroxysms of Whooping Cough.

Dr. Morris Lewis has been unable to find anything in medical literature on this subject, and he therefore reports, as original, to the Philadelphia Neurological Society, his case of a female infant thirteen weeks old wherein this remedy controlled the violence of the paroxysms. A mixture of ether and nitrite of amyl (one-fourth part of the latter) was kept in a vial, and with each paroxysm of cough the end of the finger was wetted with the mixture and held close to the child's

nose and mouth, so as to catch the first inspiratory effort.

A Novel Method of Treating Hysteria.

The *N. Y. Med. Jour.* tells us that Rualt (*France Médicale*) affirms that he has frequently controlled an hysterical fit by making firm pressure with the thumbs on the supra-orbital nerves at the supra-orbital foramina. The patients are described as first contracting the facial muscles as if in pain; they then cry out and take several inspirations, followed by a long expiration. They now relax their muscles, and the convulsion is at an end. Pressure should not be maintained after this, lest another attack be excited.

Cocaine as a Diuretic.

It is a wonder that the nostrum venders have not created a great demand for this drug, for surely it seems as though there is no therapeutic virtue that it does not possess. Now, no less an authority than Dr. J. M. Da Costa tells us, in the *Med. News* (June 18), that it has a decided diuretic action, and in uræmia, with scanty secretion of urine, it should be tried. It would truly seem that there is no end to the virtues of this drug.

NEWS AND MISCELLANY.

Tricks in the Microscope Business.

Dr. James, President of the St. Louis Society of Microscopists, thus exposes in the *Scientific American* a trick adopted by the vendors of cheap microscopes. They use a small particle of sour paste, pretending it is a drop of water, and the objects shown are *anguilulae*, or paste eels. The following is the method of working the trick:

The vendor has standing before him on the stand with his instruments a glass or clear water, usually containing a bit of ice. On a little bench under the table, and concealed from public view, there is a small box of sour paste, plentifully supplied with *anguilulae*.

When a customer steps up, the chances are a hundred to one, as every microscopist knows, that his first question will be, "Does this here show the animalcules in water?" The ready answer is, "Show 'em? Certainly! Fact is, I don't dare to look at the water. I keep melted ice water for my use. That generally ain't got many." "Has that water

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got any in it?" continues the querist. "We can see," says the vendor, and he picks up a clean toothpick, dips it into the glass, and prepares to put a drop on the front lens. His hand, however, is shaky, and the toothpick drops, falling generally on the little shelf which projects slightly from under the table. He picks it up again, and under pretence of wiping it, sticks it into the paste, gets a very minute particle to adhere, again touches it to the water, and smears the front of the field or objective lens.

The victim then looks, and is amazed and delighted, and straightway invests in a 'scope, paying from one to two dollars for what costs the vendor less than fifteen cents (\$1.75 per dozen).

This ingenious piece of rascality was the invention of a man who formerly made his headquarters in Pittsburgh, Pa., and who for years has derived a large revenue from this and similar "fakes" got up for the use of street vendors, who either pay him a royalty on their use or buy outright the privilege of using them. I was told by three different individuals that they paid this man fifty dollars each for the secret of this "fake," but that, not being able always to find paste which contained eels, they were also compelled to purchase from him at a large price some "starting" or cultivating fluid. All sour paste does not contain the *anguilulæ*; vinegar eels are sometimes used, but only when the cultivated paste eels cannot be got, as they are too large—one of them frequently stretching entirely across the field of vision. The eels raised in paste without the use of this fertilizing fluid are much larger than those obtained by its aid.

The number of educated people who are caught by this trick is really astonishing to one who habitually uses the microscope. A street vendor here tells me that he has repeatedly sold 'scopes to physicians whom he had fooled into believing that the instruments possessed amplifying power sufficient to enable them to distinguish blood and pus corpuscles, and even bacteria.

A Chinaman on Tea Making.

Wong Chin says, in *The Cook*, in regard to preparing tea: "Use a china or porcelain pot. If you do use metal, let it be tin, new, bright, and clean; never use it when the tin is worn out and the iron exposed. If you do, you are playing chemist and forming a tannate or tea-ate of iron. Use black tea. Green tea, when good, is kept at home. What goes abroad is bad, very bad, and hor-

rible. Besides containing the 203 adulterations the Chinese philanthropist puts up for the outside barbarian, it is always pervaded by copper dust from the dirty curing-pans of the growers. Infuse your tea. Don't boil it! Place one teaspoonful of tea in the pot and pour over it one and a half cups of boiling water, that is, water really boiling. If your tea is poor, use more. It is cheaper, though, to buy good tea at the outset. Put your pot on the back part of the stove, carefully covered, so that it shall not lose its heat, and the tea its bouquet. Let it remain there five minutes. Then drink it. Drink your tea plain. Don't add milk or sugar:—tea brokers and tea tasters never do; epicures never do; the Chinese never do. Milk contains fibrin, albumen, or some other such stuff, and the tea a delicate amount of tannin. Mixing the two makes the liquid turbid. This turbidity, if I remember the cyclopædia aright, is tannate of fibrin, or leather. People who put milk in tea are, therefore, drinking boots and shoes in mild disguise."

Astley Cooper Prize.

It is announced that the next triennial prize of £300, under the will of the late Sir Astley P. Cooper, Bart., will be awarded, early in 1889, to the author of the best essay or treatise on "The Origin, Anatomy, Results, and Treatment of Tubercular Diseases of Bones and Joints." The conditions annexed by the testator are, that the essays shall contain original experiments and observations which shall not have been previously published; and that each essay shall (as far as the subject shall admit of) be illustrated by preparations and drawings, which shall be added to the Museum of Guy's Hospital, and shall, together with the work itself, become henceforth the property of that institution. And it is especially declared in the will that no physician or surgeon or other officer of Guy's or St. Thomas' Hospital, nor any person related by blood or affinity to any officer in either of the said hospitals, shall at any time receive or be entitled to claim the prize. But, with the exceptions here referred to, this prize is open for competition to the whole world, though the essay may not be the joint production of two or more authors.

The Leper Hospital at Bergen.

In a foreign exchange is a description, by Mrs. Charles Garnett, of the Asylum for Lepers at Bergen, the largest of the three

institutions of the kind in Norway. Together they are capable of accommodating 800 patients, the number of inmates in 1880 being 617. The poor sufferers seem to be well cared for, and their lives made as pleasant by cheerful surroundings as their pitiable condition will admit of. Some of the rooms visited by the writer, however, were rendered intolerable by the want of ventilation, to which the lepers appear to have a deadly antipathy. In vain do the doctors in the morning throw open the windows; they are again closed as soon as opportunity offers. Most of the patients find a measure of relief from the monotony of their dreary existence by engaging in some kind of handicraft in the large workrooms set apart for the purpose. Segregation being recognized as the only effectual means of lessening the prevalence of leprosy, and of finally annihilating it, the Norwegian government, we are told, is seeking to obtain powers to make the isolation of the sick compulsory, either in the national asylums or in their own homes.

Doctors' Door-keepers.

We must confess to a strong persuasion that, as a rule, it is better for a "doctor's door-keeper" to be a male than a female. An exception may be made in favor of women servants in attendance at the houses of certain specialists—for example, the gynecologists; but, speaking generally, we think it is more decorous that the door should be opened by a man than by a woman, looking to the mixed character of the gathering in most waiting-rooms, and the service which has not unfrequently to be rendered to those who are infirm or weakly. As to the idea put forth by a contemporary that doctors' door-keepers are "got up" to look impressive, that, of course, is absurd. Opening the door to a considerable number of sickly-looking folk, for the most part accompanied by friends with anxious countenances, is not an inspiring occupation, and it is scarcely to be expected that the doctor's door-keeper will wear a particularly jovial expression, but it should suffice that he is respectful, self-possessed, and well-behaved, and if these qualities can be secured, both doctor and patient may be well satisfied.

Lady Doctors in the Fifteenth Century.

Dr. Horowitz, of Frankfort-on-the-Main, has (*The Jewish Chronicle*, May 14, 1884) published a work, entitled *Jüdische Aerzte in Frankfurt*, in which the learned author men-

tions the interesting fact that, as long as four hundred and fifty years ago, Jewesses practiced medicine in that city; they especially devoted themselves to ophthalmia. The female oculist, Dr. Zerlin, whom we meet with in the volume as having practiced in the year 1428, ventured to reside outside the Judengasse, and believed that she could claim exemption from the payment of taxes on account of her talent and the general esteem in which she was held. The Municipal Council rejected her application, and, in 1489, they ordered that Jewish lady doctors should either quit the city or pay taxes like other Jews. A Jewish doctress was, however, more fortunate in the year 1494; she was relieved from the payment of "sleeping money," a tax imposed on foreign Jews for every day that they stayed in Frankfort. With this exemption was coupled an official recognition of her profession, which was of the utmost advantage to the lady.

New Hampshire Medical Society.

At the ninety-sixth annual meeting held at Concord, June 15, the following papers were read: "The Coming Physician," by Dr. George A. Crosby, of Manchester, N. H.; "School Hygiene," by Dr. D. M. Currier; "Report on Obstetrics," by Dr. Frank Blaisdell; "Medical Common Sense," by Dr. C. A. Allen; "Theory and Practice of Medicine," by Dr. J. F. Brown; "Report on Surgery," by Dr. C. B. Hammond; "Fashionable Follies," by Dr. M. H. Felt; "Typhoid Fever," by Dr. I. H. Adams; "Nerve Weakness," by Dr. H. C. Holbrook; "An Improved Method of Measuring the Chest," by Dr. Wilkins. The following officers were elected:

President—Prof. C. P. Frost, of Hanover.

Vice-President—Dr. S. W. Roberts, of Wakefield.

Treasurer—Dr. D. S. Adams, of Manchester.

Secretary—Dr. G. P. Conn, of Concord.

Anniversary Chairman—Dr. M. H. Felt, of Hillsborough Bridge.

The Consumption of Tea.

According to some statistics recently published by an Indian contemporary, it appears that the people of Great Britain are considerably behind other nations in the average consumption of tea per head of population. The Australians come first with 7.66 lb. per head; the New Zealanders next with 7.23 lb. per head; while the people of Great Britain,

though appearing third in the list, consume only 4.90 lb. each. Newfoundland and Canada come next, while in the United States the consumption is only 1.30 lb. per head; and in Russia, which is always regarded as a great tea-drinking country, the consumption is only 0.6 lb. per head. Belgium, Sweden, Austria-Hungary, and Spain, consume less than the other European nations; but there is not one nation on the Continent, with the exception of Holland, in which the annual consumption exceeds 1 lb. per head.

Strange Prescription.

A Scotch lad was on one occasion accused of stealing some articles from a doctor's shop. The judge was much struck with his respectable appearance, and asked him why he was guilty of such a contemptible act. "Weel, ye see," replied the prisoner, "I had a bit pain in my side, and my mither tauld me tae gang tae the doctor's and tak' something." "Oh, yes!" said the judge. "But surely she didn't tell you to go and take an eight-day clock?" The prisoner was evidently nonplussed, but it was only for a moment. Turning to the judge, a bright smile of humor stealing over his countenance, he rejoined quietly, "There's an auld proverb that says, 'Time an' the doctor cure a' diseases,' and sae I thocht"—but the remainder of the reply was lost in the laughter of the court.

European Capitals and Their Water-supply.

Rome heads the list with her 204,000,000 litres of pure water every twenty-four hours. Her population being 345,036, every inhabitant can dispose of 591 litres per diem. London comes next, for every one of whose 4,085,040 inhabitants there are 300 litres daily. Paris takes the third place, her population amounting to 2,240,124, and each inhabitant having for alimentary uses 58 litres per diem, and for secondary purposes 169—a total of 227 litres. Berlin has 1,302,283 inhabitants, for each of whom there are 140 litres daily, Vienna, 770,172 inhabitants, with 100 litres each per day; Naples, 463,172, with 200 litres; and Turin, 278,598, with 98 litres a head every twenty-hours.

Arsenical Wall-Papers Utilized.

Mr. Matthieu Williams has suggested that the arsenical wall-papers, which are generally regarded as detrimental to health in or-

inary localities, may be useful as a protection against the dangers of regions subject to malaria. In a recent number of the *Gentleman's Magazine*, he says: "I maintain that the hotels in the vicinity of the Campagna, the Pontine Marshes, the Maremma, and other malarious regions of Italy, should be papered throughout with brilliant green arsenical papers, and painted with Scheele's green or other arsenical pigment. The same should be done in New Orleans and all other such places, for the special benefit of non-acclimatized visitors."

He Snatched Her from the Grave.

An old member of the medical profession in Chicago tells the *News*, of that city, a story which, he says, Dr. J. Adams Allen told him many years ago. Dr. Allen, as the story goes, was just beginning his practice when, one winter day, seated in a car, muffled to the ears, he heard the following conversation between two passengers who were sitting where they could not see his face: "Say, George," said one, "what kind of a doctor is this young Allen?" "All I know about him is that he snatched my aunt from the grave last summer; that is, I shall always think he did." "Did he, indeed," said the other; "well, he must be a pretty good doctor then. What was the matter with your aunt?" "Oh, she was dead and buried, you know."

Genius and Monomania.

Dr. H. C. Wood, in a recent clinical lecture on monomania, speaking of the relation between genius and this form of insanity, says: "One of the best examples of the relation between great imaginative power and monomania is John Bunyan, the author of 'The Pilgrim's Progress,' which, according to any standard that we have a right to set up, is one of the five or six greatest books in the English language. It is certainly more read than any other book, with the exception of the Bible. No one who reads the history of Bunyan's life can doubt for a moment that he suffered from monomania with depressing delusions. He, however, finally recovered."

Photographing the Uterine Cavity.

A Swiss physician describes a plan of introducing wadding tampons and laminaria tents into the uterus, by which he has succeeded in dilating the organ to such an extent as to be able, by means of reflectors, to

get a complete view of the whole cavity in cases of carcinoma, fibrous polypi, fibromata, and endometritis. Not being content with ocular inspection, he has also contrived to obtain photographs of the cavity. New inventions for uterine exploration, medication, and instrumentation, are often of a somewhat hazardous nature; but we tremble to think of the future of some female patients if photographing the interior of the uterus should ever become one of the medical fashions of the day.

A Bequest to Darwinism.

Herr Paul von Ritter, of Basle, has left to the University of Jena the sum of 300,000 marks (£15,000), the interest of which is to be applied solely to the promotion of the study of phylogenetic zoölogy according to the doctrines of Darwin, of which Professor Hæckel, of the above-named university, is an able exponent. Of the above named sum, 130,000 marks are to be received at once, and the remainder on the death of the testator. Professor Hæckel proposes to apply a portion of the money to the foundation of a new extraordinary professorship of zoölogy, to be called the Paul Ritter Professorship.

Furniture Polish.

Melt three or four pieces sandarac, each of the size of a walnut, add one pint of boiled oil, and boil together for one hour. While cooling, add one drachm of Venice turpentine, and if too thick, a little oil of turpentine also. Apply this all over the furniture, and, after some hours, rub it off; rub the furniture daily, without applying fresh varnish, except about once in two months. The *Scientific American*, which gives this formula, says water does not injure this polish, and any stain or scratch may be again covered, which cannot be done with French polish.

A Wonder Doctor.

A Dr. A. Askotchensky, of Verkhnedneprovsk, by permission of the local authorities, distributes a leaflet describing wondercures which he obtains from the internal administration of clay in cases of chronic rheumatism and other morbid forms depending upon rheumatic cachexia, as well as in cases of anæmia, where clay is more of use than all steel preparations. A solution (*sic*) of clay being injected into the vagina, cures catarrh of the latter. Of course, all those

marvellous properties are manifested exclusively by the clay sold by the doctor.

Medical Jurisprudence and Biology.

At a recent meeting of the Paris Biological Society, M. Mégnin stated that zoölogical and botanical evidence enabled him to determine the length of time during which human bones had been buried at Villemouble. It will be remembered that Mlle. Menetiel was supposed to have been murdered and buried in her own garden in that place by Euphrasie Mercier; but the presence of ants' nests and deteriorated liliaceous bulbs proved, according to M. Mégnin, that the bones had been buried there for at least two years.

Scientific Journals in Japan.

A paragraph in *Nature* states that there are thirty-seven periodicals published in Japan, devoted to matters connected with education; of this number, seven are medical papers, with a monthly circulation of 13,514. There are nine papers relating to sanitary matters, and two to pharmacy. There are also nine other papers, devoted to other branches of science; and no fewer than twenty-nine papers, with a circulation of over 70,000, engaged in disseminating a knowledge of popular science.

Sudden Death from Grief and Fear.

A lady, named Madame Dumas, on receiving the sad news, recently, that her husband's body, found in the Rhône, had been taken to the Morgue, at Lyons, went to identify the corpse. The sight of it produced such a profound impression that she fainted, and died within a few minutes. There can be no doubt that the approximate cause of death was violent emotion, but it would have been interesting to know what visceral disease existed in the deceased.

Strange Cause of Mummification.

M. Brouardel has reported to the Paris Academy of Medicine upon the mummification of the body of a young woman which was found in a heap of straw in a cellar. The cellar had not been opened for eight months. The body was in a remarkable state of preservation. The mummification was due, according to MM. Brouardel and Mégnin, to myriads of acari of various kinds, whose eggs were embedded in the tissues.

A New Source of Brandy.

The *Chemist and Druggist* says that a new source of brandy is said to have been found by a botanist of Pondicherry, who has discovered that the pulp which covers the poppy seed contains saccharine matter which, after fermentation and distillation, produces a kind of spirit of brandy of an agreeable flavor. As this pulp has hitherto been thrown away, the discovery affords poppy planters an opportunity of realizing some more profit from their crops.

Wood Oil.

Wood oil is now made on a large scale in Sweden from the refuse of timber cuttings and forest cleanings, and from stumps and roots. Although it cannot well be burned in common lamps, on account of the excessive amount of carbon it contains, it furnishes a satisfactory light in lamps specially made for it, and in its natural state is the cheapest of all illuminating oils. Thirty factories produce about 40,000 litres of the oil daily.

The Capacity of Teaspoons.

A large number of teaspoons on being measured showed an average capacity, according to the *Western Druggist*, of 80 minims. A spoon which held 80 minims of water, when filled up to its edge, was found by actual experiment to hold 40 minims more of water, or 2 fluid drachms, without running over. This affords a good argument for the use of measuring glasses.

Items.

—Patient: "Well, doctor, what do you call it?" Doctor: "Progressive paralysis." Patient's wife: "Is it anything like progressive euchre, doctor?"

—A sanitary convention at Coldwater, Michigan, under the auspices of the State Board of Health, will be held on Thursday and Friday, September 23 and 24, 1886.

—Dr. Pierd'houy, oculist at Milan, considers that scopoline has properties similar to those of atropine, but is preferable, because it produces neither redness nor irritation.

—We learn from the *Lyon Medical* that asparagus grown in certain localities becomes impregnated with minute amounts of sulphide of carbon. Persons eating this are affected with violent colic and diarrhœa.

—Prof. Bartholow speaks very favorably of the use of nitro-glycerine persistently in the treatment of *fatty heart*. It takes the strain off the weakened organ, and allows it to gain strength, while its work is lessened.

—The reports which appear from time to time of individuals who have lived to round out a century of existence have frequently been doubted by vital statisticians. In order to settle the question, Prof. Humphrey, of England, is now engaged in collecting and sifting these reports, and promises soon to publish those whose authenticity is undoubted.

—In the course of some excavations on the site of John Hunter's house, in London, recently demolished, the workmen discovered several human skulls, and a considerable number of bones of the extremities, sawn across, as though from limbs which had been amputated by the illustrious surgeon.

—The Washington correspondent of the *N. Y. Med. Jour.*, says that the President has vetoed the bill legalizing dissections in the District of Columbia, on the ground that the bill did not provide sufficient safeguards against the delivery of bodies to unauthorized persons. It is understood that the measure will be amended and reintroduced.

—The *Peoria Medical Monthly* says that the Dayton, Ohio, doctor, who has an office on a street leading to the cemetery, has a reversible sign on his front. Usually he has the side out on which is his name, but when a funeral passes he turns it over, and then the following legend is displayed: "NOT MY PATIENT; I cure every man that follows my directions."

—The deaths of children from sucking lucifer matches have of late years happily been decidedly unfrequent, but it appears that this form of poisoning is not quite obsolete. At an inquest lately held in England, the evidence showed that the deceased, a child of two years old, had been taken ill with vomiting after playing with some lucifer matches; death had ensued on the following day.

—A pale, cadaverous-looking Irishman entered a doctor's office, and with both hands pressing heavily his right chest, in much agitation, addressed the medical man, in a whisper, as follows: "Doctor, I'm in a very bad condition: my right lung is clean gone, and I have lost my voice entirely," then changing both hands to the opposite breast, he continued in a loud, clear voice, "but this lung is all right, doctor."